DEMOLITION PROJECT REQUIREMENTS

The following check list must be completed on all demolition projects and returned to the City with your permit application.

☐ Contact a state certified asbestos inspector to complete an assessment of the structure(s). Local contacts for asbestos inspections:
   - All Clear: 435-680-8992
   - Paul Sullivan: 435-680-3064
   - Randy Guymon: 435-703-3462

☐ If asbestos is present, follow the specific guidelines of the Utah Division of Air Quality (this information is enclosed).

☐ Submit application with the Utah Division of Air Quality (enclosed).

☐ Submit application with the Washington County Solid Waste (enclosed).

☐ Contact Neil Schwendiman of Washington County Solid Waste (435-673-2813) for a walk-thru inspection after asbestos removal or before demolition (see attached information for Demolition Disposal and Asbestos Waste Profile Sheet).

☐ Schedule a demolition site inspection with Clint Hafen, a minimum of 24 hours in advance of the demolition start up (435-627-4058)

OFFICE USE ONLY

☐ Asbestos Inspection
☐ Utah Division Air Quality Application and Fee ($50.00)
☐ Washington County Solid Waste & Asbestos Waste Profile Application
☐ City of St. George Air Demolition Application and Fee ($100)
☐ Site Inspection with Neil Schwendiman of WCSW
☐ Schedule Site Inspection with Clint Hafen
AIR QUALITY DEMOLITION APPLICATION

Project Name: ________________________________________________________________________________

Project Address/Location: ______________________________________________________________________

Demolition Contractor: _________________________ Business Address: _________________________

City Business License #: _________________________ Demolition Contractor License #: ____________________

On Site Contact: _________________________ Estimated Start Date: _________________________

Office Phone #: _________________________ Mobile Phone #: _________________________

DUST CONTROL METHODS:

Implementation of dust suppression measures shall be conducted prior to the start up of operations. Measures to control dust shall continue until final stabilization of the site is completed.

Identify the method(s) to be used for dust control. Pre-watering of the structure(s) is required.

☐ Fire hydrant with hand held water line
☐ Water truck
☐ Other (Describe) _____________________________________________________

Commercial trucks transporting demolition materials on public roadways shall have a covering over the entire load to prevent materials from blowing, spilling, or otherwise escaping from the vehicle.

Scheduling an inspection of the site prior to start up of activities is a requirement of this permit. Contact Clint Hafen at 435-627-4058.

I agree to abide with the requirements of the City of St. George Air Quality Regulations.

Contractor / Applicant: _______________________________________ _____________

Signature Date ____________________________________________

Printed Name ____________________________________________

Official Use Only – City Review

Demolition Fee $100.00 | Code 10-3414 | Receipt #

Additional requirements and/or special conditions:

__________________________________________________________

Development Services Approval ________________________________  Date _________________________
10 WORKING-DAY ASBESTOS NOTIFICATION

Please complete fully!!
Incomplete notifications may not be accepted

1 Fee
   $ ______________________

2 Facility Name
   Address _______________________________________________________
   City ___________________________ County ___________________________ Zip Code __________
   Part of Facility Involved, (e.g. floor #, room #, area etc.) ______________________________________________________________________
   Age of Facility ___________ Size ___________ # of Floors ___________
   Present Use ___________________________ Prior Use ___________________________ Future Use ___________________________

3 Facility Owner/Operator Name
   Address ___________________________ City ___________ State ___________ Zip Code __________
   Contact Person _________________________ Phone Number ___________________________
   Email _______________________________________________________

4 Asbestos Contractor Name
   ___________________________ ID Number __________
   Address ___________________________ City ___________ State ___________ Zip Code __________
   Contact Person _________________________ Phone ___________________________
   Email _______________________________________________________

5 Dates of Asbestos Removal
   Prep Date _______ Start Date ___________ Ending Date ___________
   Working Days and Hours S M T W H F S from _______ am/pm to _______ am/pm

6 Asbestos Containing Material (ACM) to be removed, list amounts and units of measure

   ceiling spray _______ floor tile/mastic _______
   sheet vinyl _______ transite _______
   pipe insulation _______ vermiculite _______
   tank insulation _______ other (please specify) _______
   sheetrock _______ other (please specify) _______

   Total Surfacing (sq. ft.) _______ Total Pipe Covering (linear ft.) _______

   (turn over and fill out reverse side)

7 I certify that all the information in this notification is true and correct.

   Signature of Owner/Operator ___________________________ Date: ___________
   Print name and title of Owner/Operator ____________________________________________

OFFICIAL USE ONLY!

   Date Accepted ___________ Date Rejected ___________
   Reviewers Initials ___________ Doc #: ___________________________
   Rejection Comments: ___________________________________________
8 Asbestos Inspection Information
Name of Utah Certified Inspector: ____________________________________________ ID Number: __________________
Name of Utah Certified Asbestos Company: ________________________________ ID Number: __________________
Analytical Method used for asbestos analysis: ______________________________ ID Number: __________________
Date of Inspection: __________________________ Is friable asbestos present? ___________________ Was it sampled or assumed? __________
Is non-friable asbestos present? ___________________ Was it sampled or assumed? __________

9 Person Trained in the Provisions of the NESHAP who will supervise asbestos project
Name: __________________________ State Certification Number: ______________________

10 Describe the scope of the project (e.g., boiler replacement, seismic upgrade etc.)
________________________________________________________________________
________________________________________________________________________

11 Describe the engineering controls or rule options to be used to control asbestos.
________________________________________________________________________
________________________________________________________________________

12 Waste Transporter I
Address: ______________________ City: _______________ State: __________ Zip Code: ______
Contact Person: ___________________________ Phone number: ______________________

13 Waste transporter II
Address: ______________________ City: _______________ State: __________ Zip Code: ______
Contact Person: ___________________________ Phone number: ______________________

14 Waste Disposal Site
Address: ______________________ City: _______________ State: __________ Zip Code: ______
Contact Person: ___________________________ Phone number: ______________________

15 Individual receiving signed waste shipment record.
Phone number: __________________________

16 Description of procedures to be followed in the event that unexpected RACM is found or generated during the project.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Fee Calculation

<table>
<thead>
<tr>
<th>Type of Structure</th>
<th>Base Fee</th>
<th>Abatement Unit Fee Total Feet under 10,000 (sq. ft plus lin. ft.)</th>
<th>Abatement Unit Fee Total Feet over 10,000 (sq. ft plus lin. ft.)</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner Occupied Res.</td>
<td>$50.00</td>
<td>$7.00 per 100 ft +</td>
<td>$3.50 per 100 ft</td>
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<tr>
<td>Other Structure</td>
<td>$150.00</td>
<td>$7.00 per 100 ft +</td>
<td>$3.50 per 100 ft</td>
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</tbody>
</table>

Notifications can be submitted by email to: asbestos@utah.gov
Payment by credit card, call: 801-536-4000
A fee calculator is available at: http://www.deq.utah.gov/Programs/Services/programs/air/asbestos/feclx.htm
Fees calculations will be verified by DAQ

Revision 6/30/16
10 WORKING-DAY NOTIFICATION OF DEMOLITION - no asbestos removed  

1 Fee $75 for first 5,000 sq. ft, then incremental charges per sq. ft. over 5,000 sq. ft.  

Fee $________________________

See fee calculator at http://www.deq.utah.gov/ProgramsServices/programs/air/asbestos/index.htm

### Facility Name

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>County</th>
<th>Zip Code</th>
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Part of Facility Involved, (e.g. floor #, room #, area etc.)

Age of Facility

Total Size

# of Floors (include basement)

Present Use

Prior Use

Future Use

### Facility Owner/Operator Name

<table>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Contact Person</th>
<th>Phone Number</th>
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### Demolition Contractor Name

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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Phone</th>
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<th>Email</th>
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### Dates of Demolition

Start Date

Ending Date

<table>
<thead>
<tr>
<th>Working Days</th>
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<td>S M T W H F S</td>
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### Asbestos Inspection Information

<table>
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<th>Date of Inspection</th>
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<tbody>
<tr>
<td>ID Number</td>
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</tbody>
</table>

Name of Utah Certified Inspector

Name of Utah Certified Asbestos Company

Analytical Method used for asbestos analysis

Is asbestos present?

Was it sampled or assumed?

### Asbestos Containing Material to be left in the facility during demolition, (list types and amounts).

roofing

flooring

other (please specify)

### Description of procedures to be followed in the event that unexpected RACM is found or generated during the project.


### I certify that all the information in this notification is true and correct.

Signature of Owner/Operator

Print name and title of Owner/Operator

### OFFICIAL USE ONLY!

Date Accepted

Date Rejected

Doc #: Reviewers Initials

Rejection Comments:
Administrative Control Board
Washington County Solid Waste Special Service District #1

Requirements needed for Demolition Disposal
Washington County Landfill

Complete and submit the following paperwork:
   a. Asbestos Waste Profile Sheet - (This is required to gain access to the landfill)
   b. Asbestos Inspection report provided from a certified asbestos inspector. Typically called and asbestos survey report.
   c. If samples and testing occurred, provide the analytical reports.
   d. If asbestos is present, must submit abatement paperwork showing when and where the asbestos was disposed.

Local Contacts for asbestos inspections:
   Paul Sullivan (435) 680-3064
   All Clear (435) 680-8992
   Landmark Testing (435) 986-0566

Submit all paperwork to Neil Schwendiman, Washington County Solid Waste District Manager.
Fax 435-673-8332 or Email wcsw01@gmail.com

Once paperwork has been submitted contact Neil to schedule an onsite inspection (after asbestos testing or abatement is completed). Once Neil has reviewed all paperwork and completed an onsite inspection he will sign the bottom of the Asbestos Waste Profile Sheet. This will grant you permission to dump this waste at the Washington County Landfill.

A copy of the asbestos waste profile sheet must accompany the first driver each day the demolition will be delivered to the landfill. We cannot allow any demolition to be landfilled until all paperwork is complete.

All loads must be tarped or loads will be subject to fines.
# Demolition/Renovation Asbestos Clearance Certification

Requested Disposal Facility: Washington County Landfill

## I. GENERATOR INFORMATION:

| Generator Name: |  |
| Generator Site Address: |  |
| City: | County: | State: | Zip: |
| Phone Number: |  |

## II. CONTRACTOR INFORMATION:

| Company Name: | Contact Name: |
| Address: | Phone Number: |
| Email: |  |

## III. TRANSPORTER:

| Company Name: | Contact Name: |
| Address: | Phone Number: |
| Email: |  |

## IV. PHYSICAL CHARACTERISTICS OF WASTE:

| Waste Description: |  |
| Asbestos Survey Perfomed by: |  |
| Asbestos Survey Date: |  |
| Asbestos Detected: | Yes [ ] No [ ] |
| If Yes, Asbestos removal performed by: |  |
| If Yes, Asbestos disposal facility: |  |

## V. GENERATOR CERTIFICATION:

I hereby certify that to the best of my knowledge and belief, the information contained herin is a true and accurate description of the waste material being offered for disposal. I further certify that by utilizing this certification form, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue. I further certify that the company has not altered the form or content of this form as provided by Washington County Solid Waste.

## VI. WASHINGTON COUNTY SOLID WASTE DECISION:

| Approved [ ] Rejected [ ] |
| Expiration: |  |

Conditions:  

Name, Title __________________________ Signature __________________________ Date __________________________