



ASBESTOS ABATEMENT PROJECT LICENSE APPLICATION
 ASBESTOS SECTION 2600 BULL STREET COLUMBIA SC 29201
 Phone: (803) 898-4289 Fax: (803) 898-4281
PLEASE PRINT CLEARLY AND SIGN

TYPE OF OPERATION :

STANDARD REMOVAL EMERGENCY ENCAPSULATION CLEANUP DISPOSAL

FOR OFFICE USE:
POSTMARK/RECEIVED/EMAIL

CHECK ONE:
ORIGINAL__ REVISED__ CANCELLATION__

LICENSE NUMBER FOR REVISION:

I. FACILITY OWNER _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 CONTACT PERSON _____ PHONE _____

II. ASBESTOS REMOVAL CONTRACTOR _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 CONTACT PERSON _____ PHONE _____
 E-MAIL ADDRESS _____ E-MAIL PERMIT _____ or MAIL PERMIT _____
 FEDERAL ID NUMBER _____ DHEC CONTRACTOR LICENSE NO.: _____

III. FACILITY NAME _____
 STREET ADDRESS (physical location) _____
 CITY _____ STATE _____ ZIP _____
 SITE (ROOM, FLOOR, WING, UNIT, MACHINE ECT): _____
 BUILDING SIZE: _____ NO. OF FLOORS: _____ AGE IN YEARS: _____
 PRESENT USE: _____ PRIOR USE: _____ FUTURE USE: _____

IV. PROCEDURE, INCLUDING ANALYTICAL METHOD IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:
 FACILITY OR FACILITY COMPONENT SURVEYED BY (INSPECTOR NAME): _____
 COMPANY: _____ PHONE: _____
 DHEC LICENSE NUMBER: _____ EXPIRATION DATE: _____

V. AIR MONITOR (IF REQUIRED) _____ LICENSE # _____ EXPIRATION DATE _____

VI. PROJECT DESIGN PERFORMED BY (IF APPLICIATION) _____
 COMPANY _____ PHONE: _____
 DHEC LICENSE NUMBER: _____ EXPIRATION DATE: _____

VII. ASBESTOS CONTAINING MATERIAL (ACM) TO BE REMOVED ONLY:

TYPE (TSI, SURFACING, FLOORING ETC)	AMOUNT (SQUARE FEET, LINEAR FEET, CUBIC FEET)	CONDITION (CHECK ONE)
		RACM__ FRIABLE__ NON-FRIABLE__
		RACM__ FRIABLE__ NON-FRIABLE__
		RACM__ FRIABLE__ NON-FRIABLE
		RACM FRIABLE NON-FRIABLE

VIII. SCHEDULED DATES OF REMOVAL: START DATE: _____ COMPLETION DATE: _____
 WORK DAYS: MON__ TUES__ WED__ THUR__ FRI__ SAT__ SUN__ WORK HOURS: _____ AM/PM to _____ AM/PM

APPLICATIONS MUST BE SUBMITTED WITH FEES PRIOR TO THE SCHEDULED START DATES AS FOLLOWS:
 NESHAP PROJECTS: 10 WORKING DAYS
 SMALL PROJECTS: 4 WORKING DAYS
 MINOR PROJECTS: 2 WORKING DAYS

FEE SCHEDULE FOR ASBESTOS CONTAINING MATERIALS:
 10 CENTS PER SQUARE FOOT OR LINEAR FOOT
 MINIMUM FEE OF \$25.00
 MAXIMUM FEE \$1000.00
NO FEE FOR NON-FRIABLE ACM

For additional information concerning regulatory requirements visit our web site at <http://www.scdhec.gov/asbestos>

IX. DESCRIPTION OF PLANNED ABATEMENT WORK METHOD(S) TO BE USED: (EXAMPLE: GLOVEBAG, FULL CONTAINMENT ETC.)

X. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE RENOVATION SITE:

WASTE TRANSPORTER #2

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (_____) _____

XII. WASTE DISPOSAL SITE: _____ LANDFILL PERMIT #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (_____) _____

XIII. DESCRIPTION OF EMERGENCY REMOVAL. (PLEASE ATTACH A LETTER FROM THE FACILITY OWNER EXPLAINING THE NATURE OF THE EMERGENCY; DATE & HOUR OF EMERGENCY (MM/DD/YY) _____
DESCRIPTION OF SUDDEN, UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS AND/OR WOULD CAUSE EQUIPMENT DAMAGE AND/OR UNREASONABLE FINANCIAL BURDEN:

XIV. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, DAMAGED, PULVERIZED OR REDUCED TO POWDER:

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION (40 CFR PART 61. SUBPART M) WILL BE ON-SITE DURING THE RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS:

_____/_____
(SIGNATURE OF OWNER/OPERATOR) (DATE)

XVI. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

_____/_____
(SIGNATURE OF OWNER/OPERATOR) (DATE)