



**MONTANA ASBESTOS ANNUAL/FACILITY PERMIT APPLICATION**

**DEQ USE ONLY**

**FACILITY INFORMATION**

Fee Amount Received \_\_\_\_\_  
Check Number \_\_\_\_\_  
Receipt Number \_\_\_\_\_  
ORG: 574835 / ACCT 502704 / FUND 02202

\_\_\_\_\_  
(Registered Business Name - Please Print)

\_\_\_\_\_  
(Location Address) (City) (State) (Zip)

\_\_\_\_\_  
(Contact) (Telephone Number) Latitude Longitude Township Range Section

Yes  No Is this an application for amendment to an existing permit?

If yes, please state the requested amendment. \_\_\_\_\_

Existing Permit Number \_\_\_\_\_

Yes  No Will employees of the facility be conducting asbestos abatement activities under provisions of this permit? If yes, please attach names, accreditation numbers, and expiration dates.

**ASBESTOS PROJECT CONTRACTOR INFORMATION**

Yes  No Will an outside asbestos project contractor be used to conduct asbestos projects under provisions of the permit? If yes, please provide the following:

\_\_\_\_\_  
(Contractor's Registered Business Name - Please Print)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

\_\_\_\_\_  
(Contact) (Telephone Number)

On-Site Contact: \_\_\_\_\_  
(Contact Name) (Telephone Number)

Yes  No Has a third-party been contracted with to conduct clearance air sampling?

If yes, please provide name, address, and contact information of consultant.

\_\_\_\_\_  
(Consultant Name - Please Print) (Phone Number)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

If no, Owner must notify the Asbestos Control Program of clearance sampling consultant for each asbestos project.

**ASBESTOS WASTE TRANSPORTER**

\_\_\_\_\_  
(Asbestos waste transporter - Please Print)

\_\_\_\_\_  
(Location Address) (City) (State) (Zip)

\_\_\_\_\_  
(Telephone Number) (Fax Number) (Name, accreditation #, and expiration date of driver or escort)

**ASBESTOS WASTE DISPOSAL LANDFILL**

(Landfill Name - Please Print)

(Location Address)

(City)

(State)

(Zip)

(Landfill Contact - Please Print)

(Telephone Number)

(Fax Number)

I certify that all work performed pursuant to the authorization of the Annual/Facility Asbestos Project Permit will be performed in accordance with Montana Code Annotated §§ 75-2-501 through -519, Administrative Rules of Montana 17.74.301 through .406, the Montana Asbestos Work Practices and Procedures Manual (2005), and EPA NESHAP 40 CFR part 61 subpart M. I certify asbestos projects will be performed by persons accredited by the DEQ. In addition, I hereby certify all regulated asbestos-containing waste materials generated during this asbestos project will be transported properly and disposed of in a State-approved Class II landfill.

(Facility Owner's Printed Name and Signature and Date of Signature)

(Title)

Tax ID Number

**REQUIRED SUBMITTALS**

The facility owner shall submit the following annual asbestos project permit requirements.

1. A general description of the facility or structure.
2. A description of planned asbestos projects to be performed during the year.
3. A list of accredited asbestos worker(s) and contractor/supervisor(s) who will be conducting project activities.
4. A copy of the facility's asbestos health and safety program (HASP). The asbestos HASP shall contain the following elements:
  - a. Background information on asbestos.
  - b. Health effects related to asbestos exposure.
  - c. Pre-abatement work activities and considerations.
  - d. Medical Surveillance.
  - e. Establishing the work area.
  - f. Establishing the decontamination unit.
  - g. Controlling asbestos exposure.
  - h. Other safety and health considerations.
  - i. Removal techniques.
  - j. Cleaning the work area.
  - k. Post abatement lockdown.
  - l. Sampling and analytical methods.
  - m. Waste transport.
  - n. Waste disposal.
  - o. Regulations.

**ANNUAL PERMIT FEE**

\$

(Enclosed Fee)

**FEE SCHEDULE**

Annual Permit	\$2000.00
Amendments to Annual Permit	\$600.00

Mail to: Asbestos Control Program, Waste & Underground Tank Management Bureau  
 Montana Department of Environmental Quality  
 1520 East 6th Avenue  
 P.O. Box 200901  
 Helena MT 59620-0901  
 Telephone: (406) 444-5300

The time estimated by the department to process and make a determination on a complete Asbestos Annual Permit Application is 45 working days.