



NOTIFICATION OF DEMOLITION

ASBESTOS SECTION 2600 BULL STREET COLUMBIA SC 29201

Phone:(803)898-4289 Fax(803) 898-4281

PLEASE PRINT CLEARLY AND SIGN

TYPE OF OPERATION: Total Demolition Partial Demolition Ordered Demolition

FOR OFFICE USE Postmark/Received:

Original/Revised/Cancellation (circle one)

Project License I. D. (For Revisions/Cancellations):

I. FACILITY OWNER: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ PHONE: (____) _____

II. DEMOLITION CONTRACTOR: _____ Federal ID NO _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ PHONE: (____) _____
E-Mail Address: _____

ASBESTOS REMOVAL CONTRACTOR: _____ PROJECT LICENSE NO: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PERSON: _____ PHONE: (____) _____

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

IV. PROCEDURES, 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. **NON-FRIABLE** CATEGORY I AND CATEGORY II ASBESTOS-CONTAINING MATERIALS *REMAINING IN PLACE DURING DEMOLITION (IF APPLICABLE)*:

TYPE(FLOORING, ROOFING)	AMOUNT(SQUARE FEET)

VI. SCHEDULED DATES OF DEMOLITION:
START DATE: _____ COMPLETION DATE: _____
WORK DAYS: _____ WORK HOURS: _____

- Applications must be mailed along with a \$50.00 fee (payable to SCDHEC) at least **10 working days prior to the start date**. One application per structure.
- A copy of the asbestos survey report (no older than 3 years) must accompany the application.
- If burning activities / training submit an open burning approval letter from Regional Office.

Notification of Asbestos Demolition (continued)

VII. DESCRIPTION OF PLANNED DEMOLITION METHOD(S) TO BE USED:

BULLDOZER	LOADER	WRECKING BALL	MANUAL	BURNING	IMPLOSION/EXPLOSION
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IF OTHER PLEASE DESCRIBE:

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

IX. WASTE TRANSPORTER #1: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (____) _____

WASTE TRANSPORTER #2: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (____) _____

X. WASTE DISPOSAL SITE: _____ PERMIT NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (____) _____

XI. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: **(PLEASE ATTACH A COPY OF THE ORDER)**

NAME: _____ TITLE: _____

AUTHORITY: _____

DATE OF ORDER (MM/DD/YY): _____ DATE ORDERED TO BEGIN(MM/DD/YY): _____

XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION INVOLVING RACM 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)

XIV. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(SIGNATURE OF OWNER/OPERATOR)

(DATE)