DEMOLITION LICENSE APPLICATION

BUREAU OF AIR QUALITY • ASBESTOS SECTION • 2600 BULL STREET • COLUMBIA • SC • 29201

TYPE OF OPERATION:  O Total Demolition  O Partial Demolition  O 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. IS ASBESTOS PRESENT IN THE FACILITY?:

III. DEMOLITION CONTRACTOR:
FEDERAL ID NO.:
MAILING ADDRESS:
CITY/STATE/ZIP:  PHONE:
CONTACT PERSON:

REMOVAL CONTRACTOR (if applicable):
MAILING ADDRESS:
CITY/STATE/ZIP:  PHONE:
CONTACT PERSON:

IV. 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:

V. 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:

VI. NON-FRIABLE CATEGORY I AND CATEGORY II ASBESTOS-CONTAINING MATERIALS REMAINING IN PLACE DURING DEMOLITION (IF APPLICABLE)

<table>
<thead>
<tr>
<th>TYPE (FLOORING, ROOFING)</th>
<th>AMOUNT (SQUARE FEET)</th>
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VII. SCHEDULED DATES OF DEMOLITION (YOU MUST SPECIFY DATES):
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 SCHEDULED START DATE. FAXES WILL NOT BE ACCEPTED.
● A COPY OF AN ASBESTOS SURVEY REPORT (NO OLDER THAN 3 YEARS) MUST ACCOMPANY THE APPLICATION.

DHEC 3428 (07/2004)
### VIII. DESCRIPTION OF PLANNED DEMOLITION METHOD(S) TO BE USED:

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<tr>
<th>Method</th>
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<tbody>
<tr>
<td>BULLDOZER</td>
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<tr>
<td>LOADER</td>
</tr>
<tr>
<td>WRECKING BALL</td>
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<tr>
<td>MANUAL</td>
</tr>
<tr>
<td>BURNING</td>
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<td>IMPLOSION/EXPLOSION</td>
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If other please describe:

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

### X. WASTE TRANSPORTER #1:

- **MAILING ADDRESS:**
- **CITY/STATE/ZIP:**
- **CONTACT PERSON:**
- **PHONE:**

### WASTE TRANSPORTER #2:

- **MAILING ADDRESS:**
- **CITY/STATE/ZIP:**
- **CONTACT PERSON:**
- **PHONE:**

### XI. WASTE DISPOSAL SITE:

- **MAILING ADDRESS:**
- **CITY/STATE/ZIP:**
- **CONTACT PERSON:**
- **PHONE:**

### XII. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

(please attach a copy of the order)

- **NAME:**
- **TITLE:**
- **AUTHORITY:**
- **DATE OF ORDER:**
- **DATE ORDERED TO BEGIN:**

### XIII. 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:

### XIV. 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.

CERTIFIED BY: ____________________________ Date: ____________________________

Signature: __________________________________________________________

### XV. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

CERTIFIED BY: ____________________________ Date: ____________________________

Signature: __________________________________________________________

- **APPLICATIONS MUST BE MAILED ALONG WITH A $50.00 FEE (PAYABLE TO SCDHEC) AT LEAST 10 WORKING DAYS PRIOR TO THE SCHEDULED START DATE. FAXES WILL NOT BE ACCEPTED.**
- **A COPY OF AN ASBESTOS SURVEY REPORT (NO OLDER THAN 3 YEARS) MUST ACCOMPANY THE APPLICATION.**