

Section 1: Application Type

New Permit
Ownership Change
Information Change

Anticipated Opening or Activity Date or Date of Change

Section 2: Contact Person

Name

Email

Primary Phone

Title

Section 3: Establishment/Business Information

Business Name or DBA

Business Phone

Physical Address

Suite

City

ZIP Code

Billing Address

Attn:

City

State

ZIP Code

Section 4: Business Legal Owner Information

Legal Entity Name _____ Type: Corporation LLC Individual _____ UT Dept. of Commerce Entity # _____

Address

City

State

ZIP Code

Email

Primary Phone

Section 5: Permit Type (check all the apply)

<p><small>HD Use Only</small></p> <p><input type="checkbox"/> Body Art (Tattoo/Piercing)*</p> <p><input type="checkbox"/> Cosmetology*</p> <p><input type="checkbox"/> Food Service, Childcare</p> <p><input type="checkbox"/> Food Service, Mobile*</p> <p><input type="checkbox"/> Food Service, Permanent*</p> <p><input type="checkbox"/> Food Service, Temporary*</p> <p><input type="checkbox"/> Lodging, Public (Hotel/Motel)*</p>	<p><small>HD Use Only</small></p> <p><input type="checkbox"/> Massage*</p> <p><input type="checkbox"/> Mass Gathering*</p> <p><input type="checkbox"/> Meth Decontamination*</p> <p><input type="checkbox"/> Noise, Temporary*</p> <p><input type="checkbox"/> Scrap Metal/Auto Recycling*</p> <p><input type="checkbox"/> Septic/Onsite Wastewater*</p> <p><input type="checkbox"/> Swimming Pool/Spa*</p>	<p><small>HD Use Only</small></p> <p><input type="checkbox"/> Tanning*</p> <p><input type="checkbox"/> Tire Hauler</p> <p><input type="checkbox"/> Vehicle Emissions Station</p> <p><input type="checkbox"/> Waste Hauler, Infectious</p> <p><input type="checkbox"/> Waste Hauler, Liquid</p> <p><input type="checkbox"/> Waste Hauler, Solid</p> <p><input type="checkbox"/> Waste Processing*</p> <p align="right"><i>*Requires plan review.</i></p>
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Upon acceptance of a permit, the permit holder shall:

1. Comply with all provisions of the Salt Lake County Health Department (SLCoHD).
2. Immediately contact the SLCoHD to report any changes in the information listed on this application.
3. Immediately notify the SLCoHD as soon as the business intends to change ownership or close.
4. Pay all applicable fees established by the Salt Lake County Health Department in the required time frame.

I am aware that this application does not authorize conducting a business until final approval is given by this agency and all applicable state and municipal agencies including business licensing. A person shall not operate a regulated facility, business, or establishment without a valid permit issued by the Salt Lake County Health Department. **Application fees are nonrefundable and permits are not transferable to another individual, business, or location.** To open and/or operate a business without final approval is a Class B misdemeanor and punishable by law. Violations of the above conditions of permit may result in follow-up inspection fees, permit suspension, or permit revocation. Failure to notify the SLCoHD regarding changes in the above information will result in penalties. Payment of these penalties in the required time frame is the responsibility of the business owner/agent.

Submission Date: _____

Section 6: Contaminated Property Information:

Street Address _____ ZIP _____

City _____ Parcel Number or VIN _____

Section 7: Contaminated Property Owner Information:

Owner of Record _____ Owner of Record's Representative _____

Owner's Mailing Address _____ City _____

Phone Number _____ Email Address _____ State _____ ZIP _____

List owners of record authorized to be present during any and all aspects of the decontamination process (**law enforcement may arrest anyone on the property who is not listed**):

Section 8: Decontamination Specialist Information:

(must be the same business as in Sections 3 and 4)

Business License Number _____ Decontamination Specialist Certification Number _____

List decontamination personnel authorized to be present during any and all aspects of the decontamination process (**law enforcement may arrest anyone on the property who is not listed**):

Section 9: Personal Protective Equipment (PPE):

Check which PPE will be used in or on the contaminated property:

Respiratory Protection

SCBA
Full-face respirator
Half-face respirator
Other

Skin Protection

Latex gloves
Cloth or leather gloves
Liquid-proof footwear
Full-body liquid proof suit
Other

Eye Protection

Safety glasses
Safety goggles
Other

Describe the health and safety procedures that will be followed in performing the decontamination of the property:

Continue to next section

Section 10: Chemicals and Contamination:

Describe all locations where illegal drug manufacturing was performed, hazardous materials were stored, disposed, or suspected of being used to manufacture illegal drugs, stained materials and surfaces were observed, visible or olfactory signs indicative of the presence of contamination, and areas linked to processing, disposal, and storage areas by way of the ventilation or plumbing systems (include septic systems and possible outdoor disposal):

If applicable, which method(s) of methamphetamine manufacture occurred (check all that apply):

“Red, White, and Blue” or “Red Phosphorous/Red P”

“Nazi,” “Birch,” “Cold Cook,” or “Anhydrous Ammonia”

“Biker Method” or “P2P”
These methods require testing for mercury and lead.

If applicable, list chemicals and equipment present at this site that indicate which method of methamphetamine manufacture was employed:

Were any tests conducted during initial entry by the Decontamination Specialist for the following atmospheres?

Atmosphere	Locations Tested	Date of Tests	Results
Corrosive Yes No			
Flammable Yes No			
Combustible Yes No			
Toxis Yes No			

Section 11: Decontamination

Estimate the timeline of decontamination process: _____

List all surfaces, materials, or articles to be removed (e.g. carpet, carpet padding, upholstered furniture, etc.):

List all surfaces, materials or articles to be decontaminated and retained on site:

Summarize all decontamination and removal procedures to be employed for all areas of the site:

List all locations on this site where decontamination will occur:

Describe all containment and negative pressure enclosure plans:

Section 12: Waste Disposal

Anticipated disposal facility: _____

Address City State ZIP

All waste must be identified as "special waste" and all verifying documents from the disposal facility must be attached to the final report.

Section 13: Confirmation Sampling

The health department will randomly monitor confirmation sampling by the certified decontamination specialist. Please contact the inspector of the case before confirmation sampling.

List all proposed post-decontamination confirmation sampling locations:

Names of individuals who will gather samples: _____

Analytical laboratory expected to perform testing on samples: _____

Address City State ZIP

List any additional information relating to the property or, the decontamination and the property based on findings and conclusions of the preliminary assessment:

Continue to next section

Section 14: Subcontractor Information:

(Subcontractors not directly involved in decontamination, such as asbestos removal, plumbing, electrical, etc.)

Company Name

Type of work subcontracted

Address

City

Phone Number

Email Address

State

ZIP

Business License Number

Certification Number

List all persons employed by subcontractors who will enter areas of the site (attach documentation of any applicable subcontractor training and certification):

Section 15: Attachments

Attach the following:

Photographs of the contaminated property including areas of possible chemical contamination

Label each photograph with the date and location of photograph (e.g. bedroom, bathroom, etc.)

A reasonably scaled site map of the contaminated property, including:

- Floor plans of affected buildings
- Local drinking wells
- Nearby streams
- Location of contamination
- Location of sampling points used in the site assessment
- Confirmation sampling test results from the preliminary assessment

Copy of the Decontamination Specialist's current certification

If applicable: a shoring plan including a written description and drawings that show structural supports



Work Plan Application
Chemically Contaminated Property
Environmental Health Division
385-468-3835; HealthSan@slco.org

Information Verification and Authorization

The owner of record, and any decontamination specialist involved in executing the work plan shall retain the work plan for a minimum of three years after completion of the work plan and the removal of the property from the contaminated-properties list.

If, at any point after a work plan has been submitted, a person discovers evidence of contamination that had not been previously identified, that person shall report such observations to the Salt Lake County Health Department and all activity on the property shall stop. The work plan shall be amended, resubmitted to the Salt Lake County Health Department and work may not resume until the Department approves the amended work plan.

I, the undersigned, verify that I am the owner or responsible party for the above property and that all information and materials that I have supplied to the Salt Lake County Health Department are accurate and true to the best of my knowledge.

Owner Name

Owner Signature

I, the undersigned, certify that the information and materials contained in this application are true and accurate to the best of my knowledge and that I will perform the decontamination work on the property in accordance with all Salt Lake County Health Department regulation guidelines.

Contractor Name

Contractor Signature

The Chemically Contaminated Management Fee of \$400 must be received before application will be reviewed.

For payment: Call **385-468-3835** to provide credit card information (Visa/MasterCard only)

Or print and send check or money order to: Salt Lake County Health Department
Environmental Health Division
788 East Woodoak Lane (5380 South)
Murray, Utah 84107

HEALTH DEPARTMENT USE ONLY

Approved by: _____

Licensed Environmental Health Scientist

_____ Date