

**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)*

HD Use Only

Body Art (Tattoo/Piercing)\*

Cosmetology\*

Food Service, Childcare

Food Service, Mobile\*

Food Service, Permanent\*

Food Service, Temporary\*

Lodging, Public (Hotel/Motel)\*

HD Use Only

Massage\*

Mass Gathering\*

Meth Decontamination\*

Noise, Temporary\*

Scrap Metal/Auto Recycling\*

Septic/Onsite Wastewater\*

Swimming Pool/Spa\*

HD Use Only

Tanning\*

Tire Hauler

Vehicle Emissions Station

Waste Hauler, Infectious

Waste Hauler, Liquid

Waste Hauler, Solid

Waste Processing\*

*\*Requires plan review.*

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: \_\_\_\_\_ Case Number: \_\_\_\_\_

**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 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  
Vinyl 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:

**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):

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.*

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
<b>Corrosive</b> Yes      No			
<b>Flammable</b> Yes      No			
<b>Combustible</b> Yes      No			
<b>Toxic</b> 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 to set up an appointment to determine areas that will be sampled and a monitoring time.*

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:

**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, time, property address, name of photographer, and location of photograph (e.g. bedroom wall, bathroom floor, 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

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  
Phone: 385-468-3835; Fax: 385-468-3836

**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