



Sioux Falls Public Works Environmental Division

Declaration for Disposition of Asbestos-Containing Material (ACM)



Owner/Operator _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 Project Location (if different than above) _____

This removal of asbestos is for: residential commercial
 I/We are performing the work ourselves **or** I/We are contracting the work out.
 The name of the contractor/consultant is _____ Telephone # _____

The anticipated disposal date is _____
 The anticipated amount (linear feet, square feet, or cubic yards) is _____

The Sioux Falls Regional Sanitary Landfill (367-8162) must be contacted before 9 a.m. on the day of disposal.

I have reviewed or I am familiar with applicable SD DENR regulations and declare:

- This is a non-notifiable project to the State of South Dakota.
- This is a notifiable project to the State of South Dakota (copy attached for review).

This asbestos-containing material will be properly:

- ✓ Wetted
- ✓ Contained
 - double-bagged (6 ml polyethylene bags), or
 - drummed with tight-fitting lid, or
 - combination of the above, or
 - as specified by the Environmental Division
- ✓ Tied/sealed
- ✓ Labeled with the following identifying information:
 - Asbestos-Containing Material
 - Name of Waste Generator or Responsible Person
 - Location of Removal
 - Date

Disposal Rates
 * In service area \$15.00 per cubic yard
 * Out of service area \$70.00 per cubic yard
 *Minimum three (3) cubic yard charge

This removal will be performed in accordance with all applicable federal, state, and local regulations.

Owner/Operator (signature) _____ Date _____

Approved:
 Environmental Division _____ Date _____ Job Contract No. _____

Return to: Sioux Falls Public Works Department
 Environmental Division
 1203 North Western Avenue
 Sioux Falls, SD 57104
 (605) 367-8276
 (605) 367-4886 FAX