

APPLICATION FOR DEMOLITION PERMIT

City of Walker
4243 Remembrance Rd NW
Walker, MI 49534

Office # (616) 791-6858 Fax# (616) 791-6881

PROJECT INFORMATION

PROPERTY ADDRESS:

LIST ALL BUILDINGS AND SIGNS ON PROPERTY:

LIST ALL BUILDINGS AND SIGNS TO BE REMOVED:

DEMOLITION TO START:

DEMOLITION TO END:

WELL OR SEPTIC TANK

IS THERE A WELL ____ (YES OR NO) OR SEPTIC TANK ____ (YES OR NO) ON THE PROPERTY?
IF THERE IS YOU NEED TO CONTACT THE KENT COUNTY HEALTH DEPARTMENT AT
(616) 632-6906.

WATER AND SEWER

WATER AND SEWER (YES OR NO)

FOR SANITARY SEWER LATERAL CAP OFF CALL G.R. WATER DEPARTMENT PLUMBING
INSPECTOR BRIAN MCKAY AT (616) 456-3047 PLEASE GIVE 24 HR. NOTICE - CALL FOR
INSPECTION.

PROPERTY/OWNER INFORMATION

OWNER NAME:

PHONE:

ADDRESS:

PARCEL#

CITY:

STATE:

ZIP:

CONTRACTOR INFORMATION

COMPANY NAME:

PHONE:

APPLICANT NAME:

ADDRESS:

CITY:

STATE:

ZIP:

CONTRACTOR/OWNER SIGNATURE | DATE:

I EITHER OWN THIS PROPERTY OR HAVE THE OWNERS PERMISSION TO ASK FOR ACTION ON THIS
PROPERTY. I AGREE TO COMPLY WITH THE TERMS AND REQUIREMENTS OF ALL LOCAL ORDINANCES.
ALL EXCAVATION WILL BE FILLED BY COMPLETION DATE AND ALL DEBRIS REMOVED FROM THE SITE WILL
BE PROTECTED FROM TRESPASSERS. ALL UTILITIES WILL BE DISCONNECTED BY PROPER AUTHORITIES.
THE PERMITEE SHALL COMPLY WITH ALL FEDERAL AND STATE STATUES AND REGULATIONS WITH
RESPECT TO THE REMOVAL DISPOSAL OR TREATMENT OF HAZARDOUS AND NON-HAZARDOUS
MATERIALS AND/OR SUBSTANCES LOCATED ON THE SITE, INCLUDING, BUT NOT LIMITED TO,
SUCH STATUES AND REGULATIONS PERTAINING TO THE CHARACTERIZATION AND DISPOSAL
OF EXCAVATED SOILS.

APPLICANT SIGNATURE:

DATE:

FOR OFFICE USE ONLY

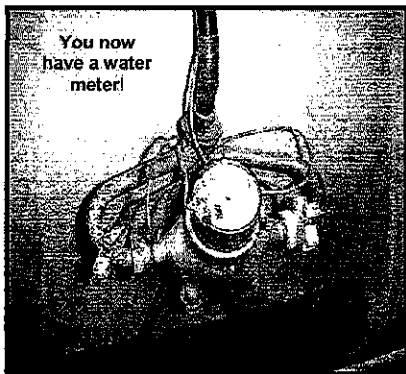
APPROVAL SIGNATURE:

DATE:

UNPLUGGED ABANDONED WELLS ARE A SAFETY, HEALTH, AND ENVIRONMENTAL THREAT

- ◆ They are a **safety** hazard. The Michigan Department of Environmental Quality (DEQ) has received reports of people, mostly children, falling into old wells. Injury or death can result.
- ◆ They pose a **health** concern by acting as conduits for contaminants to move from the surface, through the earth's protective formations, into deeper aquifers. Drinking water contamination has been caused by abandoned wells.
- ◆ They threaten the **environment** and can degrade water quality. Deteriorated well casings or open, uncased boreholes allow water to move between previously separated aquifers. Abandoned wells have also been used for illegal waste dumping.

The DEQ advises property owners to hire registered water well drilling contractors to plug abandoned wells. Registered water well drillers have the specialized training and equipment necessary to properly plug abandoned wells.



IF I CONNECT TO THE MUNICIPAL WATER SYSTEM, WHAT CAN I DO WITH MY EXISTING WELL?

1) Properly Plug the Well.

- **Properly plugging the old well is the preferred option.** Plugging the well protects the drinking water aquifer and limit the property owner's liability for ground water contamination.
- The Groundwater Quality Control Act, Part 127, 1978 PA 368 (state well code) requires that a well that is abandoned when municipal water is installed be plugged.

2) Restore the well to operational condition.

- To retain the existing well for irrigation, car washing, or other uses, it must be restored to operational condition.
- Plumbing changes are required to physically separate the domestic municipal water piping from the piping connected to the well.
- A cross connection inspection and approval from the public water utility or local health department is required when water service is initiated.
- Where existing wells will be used for nonpotable purposes, construction upgrades are recommended, but not mandatory.

3) Retain the well for future use.

To be classified as "temporarily abandoned," a well casing must be:

- securely sealed with a threaded, welded, or solvent welded cap to prevent access

into the well and eliminate openings into the well.

- in compliance with all construction and isolation distance requirements.
- physically disconnected from any water distribution piping.

WHO IS RESPONSIBLE FOR PLUGGING ABANDONED WATER WELLS?

- ◆ The **property owner** is responsible for assuring that all abandoned wells on his or her property are properly plugged.

WHO CAN PLUG A WELL?

- ◆ A **property owner** may plug a well only at his or her residence.
- ◆ A **registered water well drilling contractor** or his or her employee may plug a well at any residence, farm, industry, business, or other public water supply.

WHERE IS YOUR OLD WELL?

Look for:

- pipes sticking above ground.
- pipes sticking through wall or floor in the basement.
- electrical switch boxes out in the yard.
- cement pits in or under sheds.
- windmills.
- old crock, brick, or stone structures.

For locating buried wells:

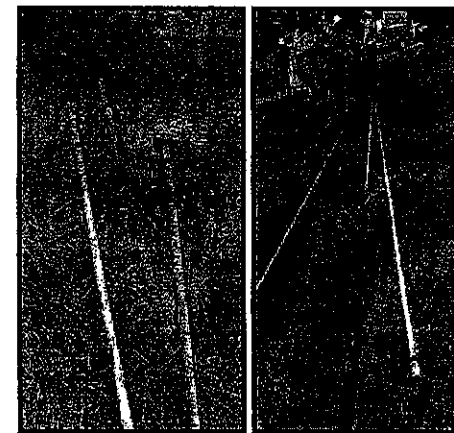
- ◆ Metal detectors may be used to find buried steel well casings. First, find where the old water line exits the home or building. From this point, survey the ground with the metal detector, moving away from the structure. Use a marker to designate the location of any "readings." Usually, well casings will be 4 to 5 feet

below grade and will be located between 3 and 25 feet from the home.

- ◆ Neighbors and senior citizens who have lived in the area for a long time often know where old wells are located. If you take advantage of their input you may save yourself a lot of work.

WHAT DO I HAVE TO DO BEFORE BEGINNING TO PLUG MY WELL?

- Pumps, drop pipe, pump rods, packers, wire, check valves, and all other debris or obstructions must be removed from the well before plugging.
- Due to the equipment necessary, this often requires the services of a registered well drilling contractor.



- Failure to remove obstructions from the well can result in void spaces in the column of plugging material.
- The depth and diameter of the well must be measured before plugging to allow the drilling contractor or well owner to calculate the amount of plugging material necessary to fill the entire depth of the well.

PLUGGING METHODS

Methods used to plug wells depend on the well type and site geology.

- **Dug wells:** These large (12 to 48 inch diameter) wells are made of cement crock, brick, stone, or tile. A 6 inch layer of bentonite chips or pellets shall be placed at the bottom of the well. The remainder of the well shall be plugged by placing clean soil backfill* layers that are not more than 10 feet thick, with a 6 inch layer of bentonite chips between backfill layers. The upper 3 to 4 feet of stone, brick, cement crock, or curbing must be broken up and removed. A final 6 inch layer of bentonite must be placed 3 feet below finish grade, then the remainder of the hole backfilled and crowned to prevent settling and ponding of water over the old well.

*Clean, dry soil backfill may be loam, clay, silt, or sand obtained from commercial sources or from the site. Clean backfill may not contain trash, wood, roots, sod, construction debris, or chemical contaminants.

- **Drilled Wells in Sand or Gravel Formations:** Bentonite grout slurry, neat cement slurry*, or dry bentonite chips or pellets may be used to plug wells with screens in sand and gravel formations. All slurry grouts must be placed using a "tremie" pipe which runs to the bottom of the well. The slurry may be pumped or poured using a funnel into the tremie pipe. Plugging is complete when the grout appears at the surface.

*Neat cement slurry is a mixture of one 94 pound bag of Portland cement and not more than 6 gallons of water.

- **Wells in Bedrock Formations:** Neat cement must be used when plugging bedrock wells. A pump and a tremie pipe (run to the bottom of the well) are used to deliver the grout to the bottom of the well. The tremie pipe is removed as the neat cement is pumped into the well or after thick cement appears at the surface. Bedrock wells should be plugged by registered well drilling contractors.

- **Hand-driven Point Wells:** These small diameter wells (normally 1 1/4 inch diameter) are plugged by carefully dropping bentonite chips or pellets into the top of the well casing. Another method is to pour a slurry of neat cement through a funnel and tremie pipe extending to the bottom of the well.

If bentonite chips are used, a hardware cloth screen (1/4 inch mesh) shall be used to remove fine bentonite particles of powder before the chips are poured into the well. These particles swell upon contacting water and can bridge in the upper part of the well.

- **Flowing Wells:** Because of their unique characteristics, flowing wells should only be plugged by registered well drilling contractors.

Neat cement must be used to plug flowing wells. Its heavy slurry weight is needed to initially overcome the artesian pressure of flowing wells, and then to provide a solidified permanent seal.

Before beginning any excavation to locate buried well casings, contact "Miss Dig" and have all utilities marked.
Phone # 800-482-7171

ABANDONED WELL VOLUME

| Well Diameter (inches) | Volume per ft. of depth (cubic feet, gallons) | | Feet of well plugged | |
|------------------------|---|------|-------------------------|-----------------------------|
| | | | Neat Cement (94 lb bag) | Bentonite Chips (50 lb bag) |
| 1 1/4 | 0.01 | 0.07 | 118.0 | 70.0 |
| 2 | 0.02 | 0.17 | 51.3 | 32.0 |
| 4 | 0.09 | 0.66 | 13.4 | 8.0 |
| 5 | 0.14 | 1.00 | 8.5 | 5.0 |
| 6 | 0.20 | 1.50 | 5.9 | 3.5 |
| 48 | 12.56 | 94.0 | 0.1 | 9 bags per 6 in. layer |

For more information please contact your county or district health department or:

Michigan Department of Environmental Quality
Water Bureau-Lansing Operations Division
Drinking Water & Environmental Health Section
Well Construction Unit
Abandoned Well Management Program
P.O. Box 30273
Lansing, MI 48909-7773
Phone: (517) 241-1377 Fax: (517) 241-1328

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DEQ Michigan Department of Environmental Quality

The Michigan Department of Environmental Quality (MDEQ) will not discriminate against any individual or group on the basis of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. Questions or concerns should be directed to the MDEQ Office of Personnel Services, P.O. Box 30473, Lansing, MI 48909.

State of Michigan
Jennifer M Granholm, Governor
Department of Environmental Quality
Steven E. Chester, Director
Environmental Assistance Center 1-800-662-6278
website www.michigan.gov/deq

Plugging Abandoned Wells

When Community Water Lines Are Extended



Michigan Department of Environmental Quality
Water Bureau



Large diameter dug wells are a serious safety threat

**MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
AIR QUALITY DIVISION**

NESHAP Asbestos Guidelines for Renovation/Demolition Operations

DEMOLITION PROJECTS

Demolition projects involving commercial buildings and structures are regulated through the federal NESHAP. Single family homes may be regulated if part of a public or private project. The definition of demolition in the NESHAP regulations is as follows:

"The wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility."

- **All commercial demolitions are regulated through the NESHAP and a 10 working day notification is required.**
- **An asbestos inspection by an accredited asbestos inspector is required prior to demolition of commercial facilities.**
- **All regulated asbestos containing material must be removed prior to demolition of a regulated facility.**
- **All facilities burned by a fire department for training are regulated through the NESHAP and a 10 working day notification is required.**

RENOVATION PROJECTS

Your project may be regulated through the federal National Emission Standards for Hazardous Air Pollutants (NESHAP) and the following may apply:

- **A thorough asbestos inspection may be required to be performed by an accredited asbestos inspector.**
- **Notification form submittal may be required.**
- **Asbestos abatement may be required.**

QUESTIONS?

Please contact the Asbestos Inspectors with the Michigan Department of Environmental Quality, Air Quality Division, if you would like further information and/or forms.

Bob Christmas - Lower Peninsula
517-335-4639
christmr@michigan.gov
FAX: 517-335-3122

Chad Rogers - Lower Peninsula
517-241-7532
rogersc1@michigan.gov
FAX: 517-335-3122

Joel Asher - Upper Peninsula
906-346-8502
asherj@michigan.gov
FAX: 906-346-4480

Thomas Vincent - Wayne County
313-456-4686
vincentt@michigan.gov
FAX: 313-456-4692

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH



MICHIGAN DEPT. OF ENVIRONMENTAL QUALITY (MDEQ)
AIR QUALITY DIVISION, NESHAP, 40 CFR Part 61, Subpart
M, (\$27,500 penalty per day per violation for failure to comply)



MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC
GROWTH (MDLEG), ASBESTOS PROGRAM, P.A. 135 OF
1986, AS AMENDED, Section 220 (1-4) or (8)

MDEQ/MDLEG USE ONLY

Postmark Date / / Rec'd Date / /

Ok Send Def Ltr. Date of Def Ltr. / /

FOLLOW UP / / Spoke w/

Comments: _____

Notification No. _____ Trans No. _____

Calculate MDLEG Asbestos Project Fee: _____ (1% Project Fee)

Total Project Cost: _____ x 0.01 = _____

Type of Contractor: _____ License No.: _____

Licensing Authority: _____

1. NOTIFICATION:

Date of Notification: _____

Date of Revision(s): _____

Notification Type: Original Revised Canceled Annual

Mark appropriate boxes: (both NESHAP and MDLEG may apply):

NESHAP (MDEQ) [260 in. ft./160 sq. ft. or more is threshold]

Planned Renovation - 10 working days notice

Emergency Renovation

Scheduled Demolition - 10 working days notice

Intentional Burn - 10 working days notice

Ordered Demolition

MDLEG [Will not accept annual notifications]

Demo, Reno, Encap. (>10 in. ft./15 sq. ft.) 10 calendar days notice

Emergency Renovation/Encapsulation

2. PROJECT SCHEDULE:

| | START DATE | END DATE |
|----------------|------------|----------|
| * Renovation | _____ | _____ |
| +Asb. Removal | _____ | _____ |
| +Demolition: | _____ | _____ |
| Encapsulation: | _____ | _____ |

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

| | Days of the Week | Work Hours |
|----------------|------------------|------------|
| Asb. Removal: | _____ | _____ |
| Demolition: | _____ | _____ |
| Encapsulation: | _____ | _____ |

* Includes setup, build enclosure, asbestos removal, demobilizing, etc.
+Include only those dates you are conducting asbestos removal/demo.

Check here if this is a multi-phased project, attach a schedule showing the start/end date of each phase.

10. IS ASBESTOS PRESENT? Yes No

Estimate the amount of asbestos: include RACM (Regulated Asbestos Containing Material) to be removed, encapsulated, etc. Also include the amount and type (floor tile, roofing, etc.) of non-friable Category I and/or Category II ACM that will not be removed prior to demolition. (NOTE: In a demolition, cementitious ACM cannot remain in a structure, as it is likely to become regulated in the demolition/handling process. It must be removed prior to demolition.)

| RACM to be Removed | RACM to be Encapsulated | Non-friable ACM <u>not</u> removed prior to demo. | | Units of Measure | |
|--------------------|-------------------------|---|-------------|-----------------------------------|----------------------------------|
| | | Category I | Category II | <input type="checkbox"/> Ln. Ft. | <input type="checkbox"/> Ln. M. |
| | | | | <input type="checkbox"/> Sq. Ft. | <input type="checkbox"/> Sq. M. |
| | | | | <input type="checkbox"/> Cu. Ft.* | <input type="checkbox"/> Cu. M.* |

*Volume (cubic ft./meters) should be used only if unable to measure by linear/square measure (example: asbestos has fallen off of surface).

(continued on reverse side)

3. ABATEMENT CONTRACTOR: Internal Project #: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact: _____ Phone: _____

4. DEMOLITION CONTRACTOR: Internal Project #: _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact: _____ Phone: _____

5. FACILITY OWNER: ("Facility" includes Bridges)

Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact: _____ Phone: _____

6. FACILITY DESCRIPTION:

Facility Name: _____

Location Address/Description: _____

_____ If Apt. # of units: _____

City/Twp. _____ State: _____ Zip Code: _____

County: _____ Nearest Crossroad: _____

Size: (sq. ft.) _____ No. of Floors: _____ Floor No.: _____

Age: _____ Present Use: _____ Prior Use: _____

Specific Location(s) in Facility: _____

7. DISPOSAL SITE:

Name: _____

Location Address: _____

City/State/Zip: _____

8. WASTE TRANSPORTER 1:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

WASTE TRANSPORTER 2:

9. ORDERED DEMOLITIONS: (See NESHAP regulations for definition of "Ordered Demolition.") A copy of the official Order must accompany this notification.

Gov't Agency Ordering Demo: _____

Name/Title of Person Signing Order: _____

Date of Order: _____ Date Ordered to Begin: _____

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH (continued)

11. PROJECT DESCRIPTION: Complete A) for Renovation (asbestos removal/encapsulation) and/or B) for Demolition:

- A) RENOVATION:** Mark all surfaces/types of RACM to be removed:
- Piping Fittings Boiler(s) Tanks(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Mag Block Other (describe) _____

- Encapsulation (for MDLEG):** Mark surfaces/types to be encapsulated:
- Piping Fittings Boiler(s) Tank(s)
 Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
 Other (describe) _____

Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): _____

B) DEMOLITION: Describe the method of demolition of facility, bridge, etc., and indicate if complete or partial. If partial, describe which part of facility bridge, etc., will be demolished: _____

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal, and until proper disposal: _____

13. UNEXPECTED ASBESTOS: Describe the steps you intend to follow in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: _____

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: A) Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method of analysis. (The determination of the presence or absence of asbestos must be made prior to submitting a renovation/demolition notification.): _____

B) Name, address, and phone number of company performing asbestos survey: _____

C) Name, accreditation number of inspector, and date of inspection: _____

15. EMERGENCY RENOVATIONS: Date/time of emergency: _____ Describe the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, and/or would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during an ordered demolition. Evidence that this person has completed the required training will be available for inspection at the renovation or demolition site.

Signature of Owner or Abatement Contractor Date

Signature of Owner or Demolition Contractor Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by MDLEG)
Per Section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

Signature of Building Owner or Lessee Date

Signature of Asbestos Abatement Contractor Representative Date

NOTE: It is not mandatory that a signed copy be sent to MDLEG unless requested. For affected projects, this section of the notification form must be completed, signed, and made part of your records before the project begins.

18. I certify that the above information is correct:

SIGNATURE OF OWNER/OPERATOR DATE

MAILING ADDRESSES/PHONE NUMBERS: (See Item 1 on reverse side to determine which regulations are applicable to your project.)

For Public Act 135 of 1986, as amended, Section 220 (1-4) or (8), mail to address below. For more info visit: <http://www.michigan.gov/asbestos>.

MDLEG-CSHD-ASBESTOS PROGRAM
P.O. Box 30671
Lansing, MI 48909-8171
517.322.1320 (office), 517.322.1713 (fax)

For NESHAP Demolitions/Renovations, 40 CFR, Part 61, Subpart M, mail notifications to the appropriate address below (by county of subject facility): For more info visit <http://www.michigan.gov/deg> click on Air, then Asbestos NESHAP Program.

All Counties (except Wayne County)

NESHAP Asbestos Program
MDEQ, AQD
P.O. Box 30260
Lansing, MI 48909-7760

517.373.7064

Wayne County Only

NESHAP Asbestos Program
Detroit Field Office, MDEQ, AQD
Cadillac Place, Suite 2-300
3058 West Grand Boulevard
Detroit, MI 48202

313.456.4686