

**ALLEGHENY COUNTY HEALTH DEPARTMENT**

**ABRASIVE BLASTING PROGRAM**  
301 39<sup>TH</sup> Street – Bldg. #7  
Pittsburgh, PA 15201-1891  
Phone: 412-578-7961



**ABRASIVE BLASTING PROJECT NOTICE  
and PERMIT APPLICATION**

**PART A**

All information must be provided. Incomplete notices or applications will be returned to the owner. Both Part A and Part B must be received by the Department no later than 30 days prior to the start of blasting. Part A may be submitted in advance to expedite permitting. Projects requiring permits shall not commence until a permit has been issued by the Department and received by the owner.

**Please type or print only:** \_\_\_\_\_

**I. SITE NAME:** \_\_\_\_\_

---

**II. OWNER:**

**A. Name:** \_\_\_\_\_

**B. Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**C. Contact Person for Project:** \_\_\_\_\_

**D. Phone Number for Contact Person:** \_\_\_\_\_

**E. Site Phone Number:** \_\_\_\_\_

---

**III. SITE LOCATION:**

**A. Street Address of Site:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Attached a scale drawing of the project site and area within 500 yards of the site and indicate on the drawing the location of:**

- 1). Specific areas of structures to be blasted;
- 2). All residential, commercial and industrial buildings; and
- 3). All public or private roadways, walkways, waterways and other inhabited areas.

**Please state attachment number:** \_\_\_\_\_



ALLEGHENY COUNTY HEALTH DEPARTMENT

ABRASIVE BLASTING PROJECT NOTICE  
and PERMIT APPLICATION

**PART B**

---

I. SITE NAME:

---

II. OWNER:

---

III. CONTRACTOR:

A. Name: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

C. Contact person for project: \_\_\_\_\_

D. Phone Number: \_\_\_\_\_ E. Site phone number: \_\_\_\_\_

---

IV. GENERAL CONTRACTOR (if any):

A. Name: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

C. Contact person for project: \_\_\_\_\_

D. Phone Number: \_\_\_\_\_ E. Site phone number: \_\_\_\_\_

---

V. ABRASIVE MATERIAL:

A. Trade Name: \_\_\_\_\_ B. Common Name: \_\_\_\_\_

C. Supplier Name: \_\_\_\_\_ D. Address: \_\_\_\_\_  
\_\_\_\_\_

E. Amt. to be Used: \_\_\_\_\_ F: Percentage Free Silica: \_\_\_\_\_

F. Attach Documents: Example: MSD Sheet

---

VI. NEW COATINGS, SOLVENTS and CHEMICAL CLEANING AGENTS:

Attached documentation showing chemical content and possible hazards.

State documentation number: \_\_\_\_\_

**PART B** (continued)

**VI. WORK PRACTICES AND EQUIPMENT USED:** State attachment number: \_\_\_\_\_

**A. The removal of material:** \_\_\_\_\_  
Example: Type of blasting equipment, number of nozzles to be used.

**B. The control of emissions of air pollutants: (Sketches are required)**  
Example: Non-porous tarps from bridge deck to ground, completely enclosing work area.

**C. The daily and final clean-up procedures for spent abrasive and blast residue:**  
Example: All impacted areas to be swept daily using vacuum cleaners, brooms and bags.

**D. Storage and disposal:**

**1. Method of storage for new and spent abrasive:**

Example: Spent material to be stored in closed containers or tarped.

**2. Disposal site, address, contact person and phone:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**E. Protective clothing will be laundered at:**

**1. Name of Facility:** \_\_\_\_\_

**5. EPA Generator ID Number** (may not be required): \_\_\_\_\_

---

**VII. AIR MONITORING:**

**A. Firm performing air monitoring:**

**1. Name of Facility:** \_\_\_\_\_

**2. Mailing address:** \_\_\_\_\_

**3. Contact person:** \_\_\_\_\_

**4. Phone Number:** \_\_\_\_\_

---

**IX. WORK SCHEDULE:**

**Start Date: No earlier than:** \_\_\_\_\_

**Completion date: No later than:** \_\_\_\_\_

**Daily start time: No earlier than:** \_\_\_\_\_

**Daily completion time: No later than:** \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

**Specific days of the Week: S M T W T F S**

---

**X. AUTHORIZED SIGNATURES:**

\_\_\_\_\_  
**Print Name:** President, Owner or Authorized Rep. \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Print Name:** Blasting Contractor \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Print Name:** General Contractor \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_