

### **ENERGY AND ENVIRONMENT CABINET**

DEPARTMENT FOR ENVIRONMENTAL PROTECTION DIVISION OF WASTE MANAGEMENT 200 FAIR OAKS, 2<sup>ND</sup> FLOOR FRANKFORT, KY 40601 TELEPHONE NUMBER (502) 564-6716

# **Owners Certificate of Demolition \***

## I. Property and Contact Information

Property Location:			
Property Street Address:			
Nearest City/Town and Zip Code:			
County:	Latitude:	Longitude:	
Date of Lab Discovery:			
Tier response Level assigned to pro	perty (please circle)	1 2 3 4	
Property Owner:			
Name (s):			
Mailing Address:			
City, State, Zip Code:			
Telephone #	Cell ph	one #	
E-Mail Address:			

### II. Demolition Procedures Completed

Note: Please contact KDWM for an electronic version of the OCD (DEP6085). Please attach
waste disposal receipts from the permitted disposal facility which must be a contained landfill.
Photographs must be taken of before and after demolition and copies must be included with this
certification.

Date Demolition Occurred:	
Disposal Facility:	

### **III. Property Owner Certification:**

I certify that I owned or had legal authority for this property and authorized its demolition. I certify that the demolition work was conducted in compliance with all local, state and federal laws regarding demolition. I certify that all furnishings from the property have been rendered unusable. I further certify that the information in this report is true and correct, to the best of my knowledge.

Print Name of Owne	r
Signature of Owner	
Date	

Mail completed form to: DIVISION OF WASTE MANAGEMENT SUPERFUND BRANCH METH LAB CLEANUP PROGRAM 200 FAIR OAKS, 2<sup>ND</sup> FLOOR FRANKFORT, KY 40601

(502) 564-6716 x 4729 FAX (502) 564-2705

<sup>\*</sup> Note: The Property Owner is required to notify KDWM in writing ten (10) days before demolition activities begin). The OCD must be submitted to KDWM within sixty (60) days of completion of demolition activity.