

WASHINGTON COUNTY PUBLIC WORKS BLASTING FORM

PLEASE SUBMIT A MAP OF BLASTING LOCATION WITH THIS FORM

CONTRACTOR: _____

LOCATION: _____

CELL # : _____

DATE: _____

1) Number of Holes Per Blast

2) Blast Pattern

3) Depth of Holes

4) Maximum Holes Per Day

5) Number of Delays Used

6) Type of Explosives Used

7) Total Pounds of Explosives

8) Maximum Pounds Per Delay

9) Method of Detonation

10) Proximity to Nearest Structure

11) Expected Duration of Blasting Activity

12) Name of Independent Monitoring Co.

13) Whether or not Pre-Blast Survey is Required
& Name of Company Doing Such a Survey

14) Plan Outline for Notification of Fire Marshall,
Fire Chief, or Governing Agency **ONE (1) HOUR
PRIOR to DETONATION of EACH BLAST &
APPROXIMATE TIME OF EACH BLAST**

DISPATCH (435) 634-5730

WASHINGTON COUNTY PUBLIC WORKS DEPT. (435) 634-5780