



**UTAH DIVISION OF AIR QUALITY**

195 North 1950 West, 4th Floor

P.O. Box 144820

Salt Lake City, UT 84114-4820

Postmark Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Fee Received: \_\_\_\_\_

Check Number: \_\_\_\_\_

**Alternative Work Practice Request**

**Fee Class**

\$100 per project

Complete form fully, incomplete forms will not be approved. Allow at least one week for review.

attach additional sheets as necessary

**1 Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Part of Facility Involved \_\_\_\_\_ Dates of project \_\_\_\_\_

**2 Asbestos Company Name** \_\_\_\_\_

ID# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**3** What rule(s) will the alternative work practice replace? (i.e. R307-801-14(1)(b) etc.) \_\_\_\_\_

**4** Why is it not feasible to comply with the rule(s)? \_\_\_\_\_

**5** What alternative and equivalent engineering controls will be used to control the release of asbestos fibers? \_\_\_\_\_

**6** How are the alternative controls equivalent and how will they be monitored? \_\_\_\_\_

**7** Submit a design of the affected portion of the project with sufficient diagrams, photographs and description to define the scope of the alternate work practice and demonstrate that the alternate work practice is designed to achieve control of asbestos equivalent to the rule. If the project is located in the interior space of public, commercial or school buildings or residential structures greater than 10 units, the alternate work practices must be designed by a Utah certified Project Designer.

Project Designer Name \_\_\_\_\_ Cert # \_\_\_\_\_

I certify that the all the information in this request is true and correct.

Signature of Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_

Print name and title of Owner/Operator \_\_\_\_\_

The approval of alternate work practices apply only to the rule(s) cited above and only to the specific project and operator for which the request was submitted. All other requirements apply. (8/29/00)

**OFFICIAL USE ONLY**

Date reviewed \_\_\_\_\_ Reviewers Initials \_\_\_\_\_

Approved: \_\_\_\_\_ Date \_\_\_\_\_

Rejection Comments: \_\_\_\_\_