



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: _____

10 WORKING-DAY ASBESTOS NOTIFICATION

Please complete fully!! (original notification only)

1.a Type of Operation

1.b Fee

\$ _____

Renovation Demolition Intentional Burning
 (all asbestos must be removed)

See Reverse

2 Facility Name

Address _____
 City _____ County _____ Zip Code _____
 Part of Facility Involved, (e.g., floor #, room #, area etc.) _____
 Age of Facility _____ Size _____ # of Floors _____
 Present Use _____ Prior Use _____

3 Facility Owner/Operator Name

Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone Number _____

4 Asbestos Contractor Name

ID Number _____

Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone _____

5 Demolition Contractor Name

Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone number _____

6 Dates of Asbestos Removal

Prep Date _____ Start Date _____ Ending Date _____
 Working Days and Hours S M T W H F S from _____ am/pm to _____ am/pm
 Scheduled Dates of Demolition _____ Start Date _____ Ending Date _____

7 Asbestos Containing Material (ACM) to be removed, list amounts and units of measure

ceiling spray _____	floor tile/mastic _____
sheet vinyl _____	transite _____
pipe insulation _____	other _____
tank insulation _____	other _____
Total Surfacing (sq. ft.) _____	Total Pipe Covering (linear ft.) _____

(turn over and fill out reverse side)

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

Signature of Owner/Operator _____ Date: _____
 Print name and title of Owner/Operator _____

OFFICIAL USE ONLY!

Date Accepted _____ Date Rejected _____
 Reviewers Initials _____ ACTS #: _____
 Rejection Comments: _____

9 Asbestos Inspection Information

Name of Utah Certified Inspector _____ ID Number _____
 Name of Utah Certified Asbestos Company _____ ID Number _____
 Analytical Method used for asbestos analysis _____
 Date of Inspection _____
 Is friable asbestos present? _____ Was it sampled or assumed? _____
 Is non-friable asbestos present? _____ Was it sampled or assumed? _____

10 ACM to be left in the facility during demolition, list amounts and units of measure.

Roofing _____ Other _____
 Flooring _____ Other _____

11 Person Trained in the Provisions of the NESHAP who will supervise asbestos project

Name _____ State Certification Number _____

12 Describe the scope of the project (e.g.. boiler replacement, seismic upgrade etc.)

13 Describe the engineering controls or rule options to be used to control asbestos.

14 Waste Transporter I

Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone number _____

15 Waste transporter II

Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone number _____

16 Waste Disposal Site

Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone number _____

17 Individual receiving signed waste shipment record.

Phone number _____

18 Description of procedures to be followed in the event that unexpected RACM is found or generated during the project.

Attach additional pages as necessary to complete this form. Incomplete notifications may not be accepted.

Fee Calculation					
<input type="checkbox"/> Asbestos Abatement	Abatement Unit Fee	Total Feet	Abatement Unit Fee	Total Feet	Total Fee
Type of Structure	Base Fee	under 10,000(sq.ft plus lin. ft.)	over 10,000(sq.ft plus lin. ft.)		
<input type="checkbox"/> Owner Occupied Res.	\$40.00	+ X \$5.00 per 100 ft	+ X \$2.00 per 100 ft		
<input type="checkbox"/> Other Structure	\$140.00	+ X \$5.00 per 100 ft	+ X \$2.00 per 100 ft		
<input type="checkbox"/> Demolition	Base Fee	Floor space above 5000 sq. ft.			
	\$50.00	+ X \$25.00 per 5,000 sq. ft.			
					Total Fee \$

Submit Notifications to
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 195 North 1950 West, 4th Floor
 P.O. Box 144820
 Salt Lake City, UT 84114-4820

A fee calculator is available at
www.deq.utah.gov/eqair/haps/asbestos/
 Fees calculations will be verified by DAQ
 Phone (801) 536-4000