



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 NOTIFICATION OF DEMOLITION - no asbestos removed, no intentional burning

1 Fee \$50 +\$25 for each 5,000 sq. ft. of floor space above 5,000 sq. ft. \$ _____

See fee calculator at www.deq.utah.gov/eqair/haps/asbestos/index.htm

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 Demolition Contractor Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone _____

5 Dates of Demolition Start Date _____ Ending Date _____

6 Asbestos Inspection Information Date of Inspection _____

Name of Utah Certified Inspector _____ ID Number _____

Name of Utah Certified Asbestos Company _____ ID Number _____

Analytical Method used for asbestos analysis _____

Is asbestos present? _____ Was it sampled or assumed? _____

7 Asbestos Containing Material to be left in the facility during demolition, (list types and amounts).

roofing _____ flooring _____ other _____

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

attach additional sheets as necessary

9 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 _____
 Acts #: _____ Reviewers Initials _____
 Rejection Comments: _____