



**UTAH DIVISION OF AIR QUALITY**

195 North 1950 West, 4th Floor

P.O. Box 144820

Salt Lake City, UT 84114-4820

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

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

Fax date/time: \_\_\_\_\_

**Less than NESHAP asbestos removal/abatement notification form**

(asbestos abatement greater than 3 sq. ft or linear feet and less than 160 sq. ft or 260 linear feet)

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

Address \_\_\_\_\_

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

Part of Facility Involved,( eg. floor #, room #, area etc.) \_\_\_\_\_

Age of Facility \_\_\_\_\_ Size \_\_\_\_\_ # of Floors \_\_\_\_\_

Present use \_\_\_\_\_ Prior Use \_\_\_\_\_

**2 Facility Owner/Operator Name** \_\_\_\_\_

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

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

**3 Asbestos Company Name** \_\_\_\_\_

ID num: \_\_\_\_\_

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

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

**4 Asbestos disturbance dates**

Start Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**5 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 \_\_\_\_\_

**6 Asbestos Containing Material (ACM) to be disturbed;**

pipe insulation \_\_\_\_\_

sheet vinyl \_\_\_\_\_

tank insulation \_\_\_\_\_

other \_\_\_\_\_

**7 Description of the planned asbestos project.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

attach additional sheets as necessary

**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 \_\_\_\_\_

Acts #: \_\_\_\_\_ Reviewers Initials \_\_\_\_\_

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