

UTAH DIVISION OF AIR QUALITY
195 North 1950 West, 4th Floor
Salt Lake City, UT 84116
Phone – 801-536-4000 Fax – 801-536-4099

REVISED NOTIFICATION of DEMOLITION or RENOVATION and ASBESTOS REMOVAL

OFFICE USE ONLY Date Received: _____	Postmark Date: _____	Initials: _____
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I. Type of Operation: []Demolition []Renovation

II. ORIGINAL NOTIFICATION DATE: _____

III. Facility Description: Please Complete Fully!

A. Building Name: _____

B. Street Address: _____

C. City: _____ State: _____ Zip: _____

IV. A. Asbestos Removal Contractor: _____ ID# _____

Contact Person: _____ Telephone # _____

B. Demolition Contractor (if applicable): _____

Contact Person: _____ Telephone # _____

V. New Asbestos Removal Dates (Date ACM will be disturbed):

Start: _____ Complete: _____

VI. New Dates of Demolition/Renovation: Start: _____ Complete: _____

VII. ADDITIONAL Regulated Asbestos Containing Material (RACM) to be Removed:
(Please include only additional material not included on original notification)

1. Pipes: _____ 2. Surface Area: _____ 3. Vol. ACM off Facility Component: _____

 (Linear feet)

 (Square Feet)

 (Cubic Feet)

VIII. OTHER CHANGES OR COMMENTS TO ORIGINAL NOTIFICATION

IX. Date these changes were phoned to Division of Air Quality (536-4000): _____

Name of person contacted at DAQ: _____

X. I Certify that the Above Information is Correct.

 (Signature of Owner/Operator)

 (Date)