



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 #/Credit Card: _____

10 WORKING-DAY ASBESTOS NOTIFICATION

Please complete fully!!
Incomplete notifications may not be accepted

1 Fee \$ _____

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 _____ Future Use _____

3 Facility Owner/Operator Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone Number _____

Email _____

4 Asbestos Contractor Name _____ ID Number _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone _____

Email _____

5 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

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

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

(turn over and fill out reverse side)

7 I certify that 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 _____	Doc #: _____
Rejection Comments: _____	_____

8 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? _____

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

Name _____ State Certification Number _____

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

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

12 Waste Transporter I

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

13 Waste transporter II

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

14 Waste Disposal Site

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

15 Individual receiving signed waste shipment record.

Phone number _____

16 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.

Fee Calculation						
Type of Structure	Base Fee	Abatement Unit Fee	Total Feet	Abatement Unit Fee	Total Feet	Total Fee
			under 10,000(sq.ft plus lin. ft.)		over 10,000(sq.ft plus lin. ft.)	
Owner Occupied Res.	\$50.00	+	X \$7.00 per 100 ft	+	X \$3.50 per 100 ft	
Other Structure	\$150.00	+	X \$7.00 per 100 ft	+	X \$3.50 per 100 ft	

Notifications can be submitted by email to:
 asbestos@utah.gov

A fee calculator is available at:
<http://www.deq.utah.gov/ProgramsServices/programs/air/asbestos/index.htm>

Payment by credit card, call:
 801-536-4000

Fees calculations will be verified by DAQ