



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: _____

AIR QUALITY

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, 35 cubic 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 _____

Email _____

3 Asbestos Company Name

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone _____

Email _____

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;

ceiling spray _____

pipe insulation _____

tank insulation _____

sheet vinyl _____

other (please specify) _____

7 Description of the planned asbestos project.

8 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 _____

Doc #: _____ Reviewers Initials _____

Rejection Comments: _____