



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: _____

ASBESTOS ANNUAL NOTIFICATION

Please complete fully!! Incomplete notifications may not be accepted

1.a Type of Operation Planned Renovation Unplanned Renovation **1.b Fee** \$500

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 _____
 Email _____

4 Asbestos Contractor Name _____

Address _____ City _____ State _____ Zip Code _____
 Contact Person _____ Phone Number _____
 Email _____

5 Dates of Asbestos Removal

Start Date _____ Ending Date _____

6 Asbestos Containing Material (ACM) removed last calendar year, including type, amounts, and units of measure

7 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 _____
 Reviewers Initials _____ Doc #: _____
 Rejection Comments: _____

(turn over and fill out reverse side)

8 Asbestos Inspection Information

Inspection Date _____
Name of Utah Certified Inspector _____ Cert Number _____
Name of Utah Certified Asbestos Company _____ Cert Number _____

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.

Submit Notifications to
Utah Division of Air Quality
195 North 1950 West, 4th Floor
P.O. Box 144820
Salt Lake City, UT 84114-4820
Phone (801) 536-4000 Fax (801) 536-4099

Notifications can be submitted by email to:
asbestos@utah.gov
Payment by credit card, call:
801-536-4000