



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 NOTIFICATION OF DEMOLITION - no asbestos removed

[] Intentional Burning

1 Fee \$75 for first 5,000 sq. ft, then incremental charges per sq. ft. over 5,000 sq. ft. \$ _____

See fee calculator at http://www.deq.utah.gov/ProgramsServices/programs/air/asbestos/index.htm

2 Facility Name _____

Address _____

City _____ County _____ Zip Code _____

Part of Facility Involved,(e.g. floor #, room #, area etc.) _____

Age of Facility _____ Total Size _____ # of Floors (include basement) _____

Present Use _____ Prior Use _____ Future Use _____

3 Facility Owner/Operator Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone Number _____

Email _____

4 Demolition Contractor Name _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone _____

Email _____

5 Dates of Demolition

Start Date _____ Ending Date _____

Working Days S M T W H F S

6 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 _____

Is asbestos present? _____ Was it sampled or assumed? _____

7 Asbestos Containing Material to be left in the facility during demolition, (list types and amounts).

roofing _____ flooring _____ other (please specify) _____

8 Description of procedures to be followed in the event that unexpected RACM is found or generated during the project. _____

9 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: _____