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**
Email asbestos@utah.gov

REVISED NOTIFICATION OF DEMOLITION or ASBESTOS REMOVAL

1 Type of Operation [ ] Demolition [ ] Renovation

2 Original Notification Date _____

3 Facility Name _____
Address _____
City _____ State _____ Zip Code _____

4 A. Asbestos Removal Contractor _____ ID# _____
Contact Person _____ Telephone _____
Email _____
B. Demolition Contractor _____
Contact Person _____ Telephone _____
Email _____

5 New Asbestos Removal Dates
Start: _____ Complete: _____

6 New Dates of Demolition
Start: _____ Complete: _____

7 ADDITIONAL Regulated Asbestos Containing Material (RACM) to be removed
(Please include only additional material not included on original notification)

Pipes/fittings _____ Surface Area _____ Volume _____
Linear feet Square feet Cubic feet

8 Other changes or comments to original notification: _____
_____
_____

9 Date these changes were phoned to DAQ (801-536-4000) _____
Name of person contacted at DAQ: _____

10 I certify that the above information is correct:

_____ _____
(Signature of Owner/Operator) (Date)