



# State of Utah

Department of Environmental Quality  
Division of Air Quality  
ATLAS Section  
195 North 1950 West, 4<sup>th</sup> Floor  
P.O. Box 144820  
Salt Lake City, Utah 84114-4820  
asbestos@utah.gov

**For Official Use Only**

Postmark Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Check #/Credit Card Amount: \_\_\_\_\_

## ASBESTOS RENOVATION/ABATEMENT NOTIFICATION FORM

**Please read the instructions at the end of this form prior to completion. Please complete all sections of the form or write N/A. Improperly completed forms may be rejected delaying your project!**

### A. Type of Notification

- Initial Less Than NESHAP-size Asbestos Renovation/Abatement Project (3 ft<sup>2</sup>, 3 linear feet, or 3 ft<sup>3</sup> or more but less than 160 ft<sup>2</sup>, 260 linear feet, or 35 ft<sup>3</sup>)** (Please check this box, complete, and submit the entire Asbestos Renovation/Abatement Notification (AR/AN) Form)
- Initial NESHAP-size Asbestos Renovation/Abatement Project (160 ft<sup>2</sup>, 260 linear feet, or 35 ft<sup>3</sup> or more)** (Please check this box, complete, and submit the entire AR/AN form)
- Revision to Initial or Previously Revised AR/AN Form** (Please check this box, complete, and submit all areas of Sections B, and any additional sections of this AR/AN form which requires revision). Date revision sent to UDEQ/DAQ (if sent no later than the day before, no call required) or date telephoned and person contacted at UDEQ/DAQ \_\_\_\_\_
- Asbestos Annual Notification** (Please check this box, complete, and submit all areas of Sections B and any additional sections of this AR/AN form that are necessary). Please remember that the annual notification is only for unplanned, less than NESHAP-size renovation projects. All NESHAP-size projects require the normal notification process.
- Asbestos Renovation/Abatement Project Cancellation** (Please check this box, complete, and submit all areas of Section B)

### B. Asbestos Renovation/Abatement Activity Location

Structure Name: \_\_\_\_\_  
For Residential Structures, put the owner's last name followed by the word "Residence"/For Public or Commercial Structures, put the business name followed by the word "Building"

Structure Address: \_\_\_\_\_  
Street Address (Please, **NO** PO Box) City State Zip Code

Facility Owner/Contact Person: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Facility Owner/Contact Person Address: \_\_\_\_\_  
Street Address/PO Box City State Zip Code

Facility Owner/Contact Person Email: \_\_\_\_\_ Part of Facility Involved (Floor#, Room#, area, etc.) \_\_\_\_\_

### C. Asbestos Renovation/Abatement Dates

***Please read the instructions on the last page prior to completing this section!***

Asbestos Renovation/Abatement Preparation Date(s): \_\_\_\_\_ Asbestos Renovation/Abatement Start Date: \_\_\_\_\_  
Month/Day(s)/Year Month/Day/Year

Asbestos Renovation/Abatement End Date: \_\_\_\_\_ Work days: Su M Tu W Th F Sa Work Hours: \_\_\_\_\_  
Month/Day/Year AM/PM to AM/PM

### D. Utah Certified Asbestos Renovation/Abatement Contractor Information

Asbestos Renovation/Abatement Contractor Company Name: \_\_\_\_\_ Certification # ASBC-\_\_\_\_\_

Asbestos Renovator/Abatement Contractor Mailing Address: \_\_\_\_\_  
Street Address/PO Box City State Zip Code

Contact Person: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**D. Continued - Utah Certified Asbestos Renovation/Abatement Contractor Information**

Utah Certified Asbestos Supervisor for this Renovation/Abatement Project: \_\_\_\_\_ Certification # ASB-\_\_\_\_\_

Describe Scope of Work for this Project: \_\_\_\_\_

Attach additional pages to complete this AR/AN form, if necessary

Describe Engineering Controls to be used on this Project: \_\_\_\_\_

Attach additional pages to complete this AR/AN form, if necessary

**E. Asbestos Containing Material (ACM) to be Removed (Please List Amounts and Unit Measures)**

Ceiling Spray (ft<sup>2</sup>): \_\_\_\_\_ Floor Tile/Mastic (ft<sup>2</sup>): \_\_\_\_\_ Sheet Vinyl (ft<sup>2</sup>): \_\_\_\_\_

Asbestos Cement (ft<sup>2</sup>): \_\_\_\_\_ Pipe Insulation (lin ft): \_\_\_\_\_ Vermiculite (ft<sup>3</sup>): \_\_\_\_\_

Tank Insulation (ft<sup>2</sup>): \_\_\_\_\_ Sheetrock/Wall System (ft<sup>2</sup>): \_\_\_\_\_ Total Surfacing (ft<sup>2</sup>): \_\_\_\_\_

Other (Please specify) (ft<sup>2</sup>, lin ft, ft<sup>3</sup>): \_\_\_\_\_ Other (Please specify) (ft<sup>2</sup>, lin ft, ft<sup>3</sup>): \_\_\_\_\_

**F. Asbestos Inspection Report Information**

Utah Certified Asbestos Inspector: \_\_\_\_\_ Inspector Certification # ASB-\_\_\_\_\_

First Name Middle Initial Last Name

Utah Certified Asbestos Company: \_\_\_\_\_ Company Certification # ASBC-\_\_\_\_\_

Company Name

Date of Asbestos Inspection: \_\_\_\_\_ Asbestos Analytical Method Used: \_\_\_\_\_

Month/Day/Year

Is RACM Present? \_\_\_\_\_ Was the RACM Sampled or Assumed? \_\_\_\_\_

Is Non-Friable Asbestos Present? \_\_\_\_\_ Was the Non-Friable Asbestos Sampled or Assumed? \_\_\_\_\_

**G. Waste Transporter/Disposal Site**

Waste Transporter 1 Company Name: \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Waste Transporter 2 Company Name: \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Waste Disposal Site Name: \_\_\_\_\_

Street Address (Please, no P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Individual Receiving Signed Waste Shipment Record: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**H. Procedures to be followed in the event that RACM is found or generated during the Project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional pages to complete this AR/AN form, if necessary

**I. Asbestos Renovation/Abatement Notification Fee**

**Please read the instructions on the last page prior to completing this section of the form!**

Project Type	Base Fee	Asbestos Renovation/Abatement Unit Fee For Total Square, Linear, or Cubic Feet Up To 10,000 feet	Asbestos Renovation/Abatement Unit Fee For Total Square, Linear, or Cubic Feet 10,000 feet or more	Total Asbestos Renovation/Abatement Notification Fee
Less than Asbestos NESHAP-Size Renovation/Abatement Project All Buildings	\$0.00	\$0.00	\$0.00	\$0.00
NESHAP-Size Renovation/Abatement Project Owner-Occupied Residential Structures	\$55.00	_____ X \$7.70 per 100 Square or Linear Feet or fraction thereof	_____ X \$3.85 per 100 Square or Linear Feet or fraction thereof	Base Fee + Unit Fee = Notification Fee
	\$55.00	_____ X \$23.10 per 100 Cubic Feet or fraction thereof	_____ X \$11.55 per 100 Cubic Feet or fraction thereof	Base Fee + Unit Fee = Notification Fee
NESHAP-Size Renovation/Abatement Project All Regulated Structures except Owner-Occupied Residential Structures	\$165.00	_____ X \$7.70 per 100 Square or Linear Feet or fraction thereof	_____ X \$3.85 per 100 Square or Linear Feet or fraction thereof	Base Fee + Unit Fee = Notification Fee
	\$165.00	_____ X \$23.10 per 100 Cubic Feet or fraction thereof	_____ X \$11.55 per 100 Cubic Feet or fraction thereof	Base Fee + Unit Fee = Notification Fee
Asbestos Annual Notification	\$550.00	\$0.00	\$0.00	Asbestos Annual Notification Fee
<b>Total Project Fee</b>				Base/Unit Fee(s) = Total Project Fee

**J. Certification Statement**

I hereby attest and affirm that the information included on this AR/AN form, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any approval authorized pursuant to this notification will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the asbestos renovation/abatement project approval. I also attest and affirm that I will follow all work practice standards required by Utah Administrative Code R307-801.

Applicant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

Applicant's Title \_\_\_\_\_

**Before delivering this Utah DEQ/DAQ AR/AN Form, please check to make sure you have:**

<input type="checkbox"/> Filled out all sections of the AR/AN form completely and attached additional information as necessary?	<input type="checkbox"/> Enclosed or paid by credit card the appropriate asbestos renovation/abatement project notification fees?
<input type="checkbox"/> Signed and dated the AR/AN form?	<input type="checkbox"/> Made a copy of this AR/AN form for your files?

**Submit the completed Asbestos Renovation/Abatement Notification Form, supporting materials, and fees to:**

Utah Department of Environmental Quality  
 Division of Air Quality  
 195 North 1950 West, 4<sup>th</sup> Floor  
 P.O. Box 144820  
 Salt Lake City, UT 84114-4820  
or  
 asbestos@utah.gov

**Official Use Only**

**PLEASE DO NOT WRITE IN THIS AREA**

**Official Use Only**

Date Notification Received \_\_\_\_\_  
Month/Day/Year Initials

Date Additional Information Requested \_\_\_\_\_  
Month/Day/Year Initials

Date/Amount Fee Received \_\_\_\_\_  
Month/Day/Year \$ Amount Initials

Date Additional Information Received \_\_\_\_\_  
Month/Day/Year Initials

Date Notification Reviewed \_\_\_\_\_  
Month/Day/Year Initials

Date Notification Accepted/Rejected \_\_\_\_\_  
(circle one) Month/Day/Year Initials

Reason for Rejection: \_\_\_\_\_

Additional Information:

DAQA-458-18

Revision 1.1 - 6/30/18

**General Instructions**

This Asbestos Renovation/Abatement Notification (AR/AN) Form must be properly completed with the appropriate fee and returned to the Utah Department of Environmental Quality/Division of Air Quality (UDEQ/DAQ). You can also email this form to asbestos@utah.gov and pay with a credit card by calling 801-536-4000 or log on to your UDEQ/DAQ Asbestos/Lead-Based Paint (ALBoP) account. Projects that are small scale short duration (SSSD) amount (less than 3 ft<sup>2</sup>, 3 linear feet, or 3 ft<sup>3</sup> of regulated asbestos-containing material (RACM)) do not require notification. Projects that are greater than SSSD, but less than NESHAP-size projects (greater than 160 ft<sup>2</sup>, 260 linear feet, or 35 ft<sup>3</sup> of RACM) require at least one (1) day notice to the UDEQ/DAQ and there is no fee. Projects that are greater than NESHAP-size require ten (10) days notification to the UDEQ/DAQ. Please complete this AR/AN form by writing legibly (using blue or black ink only) or completing this PDF fillable form. **If you use this form's PDF fillable capability, please remember to save it to your desktop before closing or all information will be lost.** Please attach additional pages to complete this AR/AN form, if necessary.

The definition of "National Emission Standard for Hazardous Air Pollutants (NESHAP) renovation" and "abatement" in Utah Administrative Code R307-801 Utah Asbestos Rule means, "...any activity involving the removal, repair, demolition, salvage, disposal, cleanup, or other disturbance of regulated asbestos-containing material greater than the a small-scale, short-duration (SSSD) amount of asbestos-containing material". **Please remember to have a copy of the Asbestos Inspection Report produced by a Utah Certified Asbestos Inspector working for a Utah Certified Asbestos Company on-site and available at all times when asbestos renovation/abatement activities are being performed.**

For structures that meet the emergency asbestos renovation/abatement provisions, this AR/AN form should be delivered as soon as possible before (overnight delivery, hand carried, emailed to asbestos@utah.gov, or faxed to 801-536-4099), but no later than, the day after the renovation/abatement activities begin with the appropriate fee. An Emergency Asbestos Renovation/Abatement Notification Form must be submitted at the time of asbestos renovation/abatement notification form is submitted.

**Section C. Asbestos Renovation/Abatement Dates Instructions**

Please specify the dates when you will begin and end the asbestos renovation/abatement activities. If necessary, estimate the end date and time using your best professional judgment. Include the days and hours you will be working on the project. If the renovation/abatement activity start/end dates, work days, and/or work start/end times change, the UDEQ/DAQ must receive a revised notification no later than the day before the current project start date, or be contacted by telephone the day before the current project start date and a revised AR/AN form must be submitted to the UDEQ/DAQ no later than the current project start date.

**Section I. Asbestos Renovation/Abatement Notification Fee Instructions**

The UDEQ/DAQ has established an Asbestos Renovation/Abatement Notification Fee which includes a base fee and a per unit fee of the total footage of asbestos to be removed. To calculate the appropriate total Renovation/Abatement Notification Fee, determine the appropriate base fee and the total square, linear, or cubic footage of the asbestos to be removed and fill out the table appropriately. To properly calculate the **Total Asbestos Renovation/Abatement Notification Fee**, choose the appropriate structure type to determine the appropriate **Base Fee**, calculate the appropriate per unit fee for the less than 10,000 feet, and calculate the appropriate per unit fee for the 10,000 or more feet. Please remember, the **per unit fees are in blocks of 100 linear, square, or cubic feet or any fraction thereof**. Add the **Base Fee** and the per unit fee(s) to calculate the **Total Asbestos Renovation/Abatement Notification Fee**. The appropriate fee must be submitted to the UDEQ/DAQ at the time of Asbestos Renovation/Abatement notification.