

UTAH DIVISION OF AIR QUALITY
REVISED NOTIFICATION of DEMOLITION or RENOVATION and ASBESTOS REMOVAL

OFFICE USE ONLY Date Received: _____	Postmark Date: _____	Initials: _____
---	----------------------	-----------------

I. **Type of Operation:** [] Demolition [] Ordered Demolition [] Renovation [] Ordered Renovation

II. **ORIGINAL NOTIFICATION DATE:** _____ **DAQH Approval #** _____

III. **Facility Description:** Please Complete Fully!

A. Building Name: _____

B. Street Address: _____

C. City: _____ State: _____ Zip: _____

IV. A. **Asbestos Removal Contractor:** _____ ID# _____

Contact Person: _____ Telephone # _____

B. **Demolition Contractor (if applicable):** _____

Contact Person: _____ Telephone # _____

V. **New Asbestos Removal Dates (Date ACM will be disturbed):**

Start: _____ Complete: _____

A. Work days (S M T W T F S) B. Work Hours: _____ to _____

VI. **New Dates of Demolition/Renovation:** Start: _____ Complete: _____

VII. **ADDITIONAL Regulated Asbestos Containing Material (RACM) to be Removed:**

(Please include only additional material not included on original notification)

1. Pipes: _____ 2. Surface Area: _____ 3. Vol. ACM off Facility Component: _____

(Linear feet)

(Square Feet)

(Cubic Feet)

VIII. **OTHER CHANGES OR COMMENTS TO ORIGINAL NOTIFICATION**

IX. **Date these changes were phoned to Division of Air Quality (536-4000):** _____

Name of person contacted at DAQ: _____

X. **I Certify that the Above Information is Correct.**

(Signature of Owner/Operator)

(Date)