



Commonwealth of Massachusetts Asbestos Notification Form ANF-001

Asbestos Project Number _____

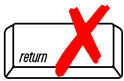
Project Revision

Project Cancellation

A. Asbestos Abatement Description

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Instructions:

1. All sections of this form must be completed in order to comply with MassDEP notification requirements of 310 CMR 7.15 and Department of Labor and Standards (DLS) notification requirements of 453 CMR 6.12

2. Submit Original Form to:
Commonwealth of Massachusetts
Asbestos Program
P.O. Box 120087
Boston MA 02112-0087

1. Facility Location:

Name of Facility _____ Street Address _____

City/Town _____ State _____ Zip Code _____ Telephone _____

Facility Contact Person Name _____ Facility Contact Person Title _____

Worksite Location: _____
Building Name, Wing, Floor, Room, etc. _____

2. Is the facility occupied? Yes No

3. Is this a fee-exempt notification (city, town, district, municipal housing authority, state facility or owner-occupied residential of four units or less?) Yes No

4. Blanket Permit Project Approval, if applicable: _____ Approval ID # _____

5. Non-Traditional Asbestos Abatement Work Practice Approval, if applicable: _____ Approval ID # _____

6. Asbestos Contractor:

Name _____ Address _____

City/Town _____ State _____ Zip Code _____ Telephone _____

DLS License # _____ Contract Type: Written Verbal

7. Name of Contractor's On-Site Supervisor/Foreman _____ DLS Certification # _____

8. Name of Project Monitor _____ DLS Certification # _____

9. Name of Asbestos Analytical Lab _____ DLS Certification # _____

10. Project Start Date (MM/DD/YYYY) _____ End Date (MM/DD/YYYY) _____

Work Hours - Monday Through Friday _____ Work Hours - Saturday & Sunday _____

11. What type of project is this?

Demolition Renovation Repair Other - Please Specify: _____

12. Abatement procedures (check all that apply):

Glove Bag Encapsulation Enclosure Disposal Only Cleanup Full Containment

Other - Please Specify: _____

13. Job is being conducted: Indoors Outdoors



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A. Asbestos Abatement Description (continued)

14. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

Linear Feet (Lin. Ft.)		Square Feet (Sq. Ft.)	
Boiler, Breaching, Duct, Tank Surface Coatings	_____ Lin. Ft. / Sq. Ft.	Transite Pipe	_____ Lin. Ft. / Sq. Ft.
Pipe Insulation	_____ Lin. Ft. / Sq. Ft.	Transite Shingles	_____ Lin. Ft. / Sq. Ft.
Spray-On Fireproofing	_____ Lin. Ft. / Sq. Ft.	Transite Panels	_____ Lin. Ft. / Sq. Ft.
Cloths, Woven Fabrics	_____ Lin. Ft. / Sq. Ft.	Other - Please Specify:	
Insulating Cement	_____ Lin. Ft. / Sq. Ft.		_____ Lin. Ft. / Sq. Ft.

15. Describe the decontamination system(s) to be used:

16. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2)(g):

17. For Emergency Asbestos Operations, the MassDEP and DLS officials who evaluated the emergency:

_____ Name of MassDEP Official	_____ Title of MassDEP Official
_____ Date of Authorization (MM/DD/YYYY)	_____ Waiver #
_____ Name of DLS Official	_____ Title of DLS Official
_____ Date of Authorization (MM/DD/YYYY)	_____ Waiver #

18. Do prevailing wage rates (per M.G.L. c. 149, § 26, 27 or 27A-F) apply to this project? Yes No

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B. Facility Description

1. Current or prior use of facility: _____
2. Is the facility owner-occupied residential with 4 units or less? Yes No
3.

Facility Owner Name	Address
City/Town	State
Zip Code	Telephone
4.

Name of Facility Owner's On-Site Manager	Address
City/Town	State
Zip Code	Telephone
5.

Name of General Contractor	Address
City/Town	State
Zip Code	Telephone
Contractor's Worker's Compensation Insurer	Policy #
	Expiration Date (MM/DD/YYYY)
6. What is the size of this facility?

Square Feet	# of Floors
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C. Asbestos Transportation & Disposal

Note:

Temporary storage of Asbestos containing waste material is only allowed at the place of business of a DLS licensed Asbestos contractor or a transfer station that is permitted by MassDEP and operated in compliance with Solid Waste Regulations 310 CMR 19.000

1. Transporter of asbestos-containing waste material from site of generation:

Directly to Landfill or To Temporary Storage Location/Transfer Station

Name of Transporter	Address
City/Town	State
Zip Code	Telephone
2. If a temporary storage location/transfer station is used, list name of transporter of asbestos-containing waste material from temporary storage location/transfer station to final disposal site:

Name of Transporter	Address
City/Town	State
Zip Code	Telephone
3. Name and address of temporary storage location/transfer station for the asbestos containing waste material:

Temporary Storage Location Name	Address
City/Town	State
Zip Code	Telephone



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C. Asbestos Transportation & Disposal (continued)

4. Name and location of final disposal site (asbestos landfill):

_____		_____	
Final Disposal Site Name		Final Disposal Site Owner Name	

Address			
_____	_____	_____	_____
City/Town	State	Zip Code	Telephone

D. Certification

Note:
Contractor must sign this form for DLS notification purposes

"I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment. The undersigned hereby states, under the penalties of perjury, that I have read the Commonwealth of Massachusetts regulations governing asbestos abatement (453 CMR 6.00 promulgated by the Department of Labor Standards and 310 CMR 7.15 promulgated by the Department of Environmental Protection), and that I am aware that this permit application or notification shall not be deemed valid unless payment of the applicable fee is made."

Name		

Authorized Signature		

Date (MM/DD/YYYY)		

Position/Title		

Representing		

Address		
_____	_____	_____
City/Town	State	ZIP Code
_____	_____	
Telephone	Email Address	