

Asbestos Project Notification

State of Maine
 Department of Environmental Protection
 Lead & Asbestos Hazard Prevention Program
 17 State House Station, Augusta, ME 04333
 TEL (207) 287-2651 FAX (207) 287-6220

FORM N

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Revised 2011

Important Notice: The notification submitter must send a complete notification including all applicable fees, postmarked at least 10 calendar days or received by the Department at least 5 working days prior to the start of an asbestos abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record. See definition of project at Asbestos Management Regulations, 06-096 CMR 425(1)(DDDD)(last amended April 3, 2011). **The notification submitter is responsible for ensuring that the complete notification including any applicable fee is received by the Department.**

1. Project Code BIO- 16-100B (Assigned by notification submitter)	2. Original Notification <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Facility O&M (Approved Annual) <input checked="" type="checkbox"/> Courtesy (Not Subject to the Rule)	3. Type of Activity <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation	4. Waiver <input type="checkbox"/> Non Standard Work Practices <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Notification Timeframe Waiver <input type="checkbox"/> Approved Annual Non Standard
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5. Facility Owner Name <u>Jeff Marxhausen</u> Address <u>273 Presumscot Street</u> City <u>Portland</u> State <u>Maine</u> Zip <u>04103</u> Contact <u>Above</u> TEL <u>207-400-7247</u> FAX _____	6. Asbestos Contractor Name <u>BIOSafe Environmental</u> Address <u>17 Patrick Drive</u> City <u>Westbrook</u> State <u>Maine</u> Zip <u>04092</u> Contact <u>Mark Griffeth</u> TEL <u>207-854-5262</u> FAX <u>207-854-2609</u>
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7. Facility Location (Where removal is to take place) BLDG Name <u>Single Family</u> Floor and/or Rm.# <u>Exterior/ Interior</u> Physical Address <u>5 Merrill Street</u> City <u>Portland</u> State <u>Maine</u> Zip <u>04103</u>	8. Facility Description Present Use <u>Vacant</u> Prior Use <u>Single Family</u> BLDG Size <u>1000 sq/ft</u> No. Floors <u>2</u> BLDG Age <u>1950's</u>
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9. Asbestos (ACM) Removal			Project Totals
ACM Type	Amount	Measurement	
Pipe or Pipe Covering	50	Linear Feet	Total Square Feet = 610
Boiler Covering	30	Square Feet	
Mudded Fittings		Linear Feet	Total Linear Feet = 50
Duct Covering		Square Feet	
Gasket Material		Square Feet	Total Project = 660
Floor Tile		Square Feet	
Linoleum		Square Feet	
Mastic		Square Feet	
Ceiling Tiles		Square Feet	
Spray-on		Square Feet	
Siding		Square Feet	
Transite Paneling	500	Square Feet	
Roofing/Flashing		Square Feet	
Glues		Square Feet	
Plaster	80	Square Feet	Note: Visual evaluations and air clearances for asbestos abatement projects involving more than 100 square/linear feet, or any combination thereof of must be performed by an independent Asbestos Consultant unless otherwise specified in Asbestos Management Regulations, 06-096 CMR 425) (effective April 3, 2011).
Floor Tile by Heat		Square Feet	
Window Sashes	38 each		

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10. Notification Fees (Required fees must accompany notification)

- \$100.00 = ACM amounts 100 Sq Ft or 100 Ln Ft or any combination but less than 500 Sq Ft or 2500 Ln Ft.
- \$150.00 = ACM amounts more than 500 Sq Ft or 2500 Ln Ft but less than 1000 Sq Ft or 5000 Ln Ft.
- \$300.00 = ACM amounts more than 1000 Sq Ft or 5000 Ln Ft or any combination

11. Notification Fee Not Included

- Single family home exemption
- ACM amount less than 100 Sq Ft or 100 Ln Ft or any combination
- Fees paid quarterly (Non-Scheduled O&M only)
- BGS exemption
- Fee to follow within 3 days (Emergency/Notification Waiver only)

12. Demolition (complete as applicable)

Ordered demolition (structurally unsound) by State or local government

All other demolitions

Demolition Dates:

Start TBD

End TBD

Note on Required Notification Fees

If there are not sufficient funds to cover the check or credit card transaction an insufficient funds fee will be assessed by the Department in accordance with State of Maine laws and policies. Until that insufficiency is resolved (by money order or bank check), the Department will not accept any additional checks or credit card transactions from the party including additional checks for other project notifications.

13. Scheduled Dates for Asbestos Project

Project Start Date 4-7-2016

Project Completion Date 4-14-2016

ACM Removal Dates (from) 4-7-2016

ACM Removal Dates (to) 4-14-2016

14. Project Work Hours

7:00 AM to 3:30 PM (Show actual hours)

Weekdays (Check all that apply)

M T W T F

Weekend (Check all that apply)

Sat Sun

15. Procedure Used to Detect Presence of Asbestos

Testing Assumed Positive Tested Positive

Method PLM TEM

Sampled By _____
(Print Name)

Company _____

16. Project Clearance

Visual evaluation by: (Air Monitor (if known) and Company)

Mid Coast Environmental

Air Clearance by: (Air Monitor (if known) and Company)

Mid Coast Environmental

Note: Whenever building materials are assumed to contain asbestos, signed bulk sampling disclosure forms must be at the asbestos abatement project site and available for review by the Department.

17. Asbestos Abatement Design Consultant of Record

Name Dana Codrey

Me Certification Number DC # 0284

Company BIOS, Inc

DC Certification Expiration Date 11-30-2016

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18. Asbestos Abatement Methods and Alternative Work Practices (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors | |
| X Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors | |
| X Regulated area with Exclusion zone | <input type="checkbox"/> Wetting ACM during removal not required |
| X Glovebags (unlimited non-contiguous, contiguous limited to 30 In ft) | <input type="checkbox"/> Exhausting to Ambient Air not feasible |
| <input type="checkbox"/> Adhesive by grinding or bead blasting | <input type="checkbox"/> Aggressive Air Clearance not required |
| <input type="checkbox"/> Wrap & cut- TSI in good condition (no containment) | <input type="checkbox"/> Visual Clearance only |
| <input type="checkbox"/> Intact flooring demo by heavy equipment | X Remote Decontamination Unit |
| <input type="checkbox"/> Roofing removal by mechanical saws/cutters | X Smaller than standard Decontamination Unit |
| <input type="checkbox"/> Flooring by mechanical equipment/ice scrapers/pry bars | <input type="checkbox"/> Shutting down NAM at night |
| <input type="checkbox"/> Enclosure | <input type="checkbox"/> Encapsulation |

Note on AHERA School Projects

The Federal Asbestos –Containing Materials in Schools regulation (40 CFR Part 763) commonly referred to as “AHERA” contains specific requirements for asbestos abatement activities that may not be waived by the Department. Among these are air clearance and sample analysis protocols.

19. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)

Name Service Transport Group, Inc
Address 58 Pyles Lane
City New Castle State DE Zip 19720
Contact Tom Gaudet
TEL 302-778-5930 FAX 302-778-0446

20. Disposal Site

Name Minerva Landfill
Address 9000 Minerva Road
City Waynesburg State Ohio Zip 44688
Contact
TEL 330-866-3435 FAX 330-866-4411

21. Certification (Notification Submitted by)

I certify that to the best of my knowledge, the information contained in this notification is true and accurate, and that the asbestos abatement contractor will be/has been contracted to implement work practices as required by 06-096 CMR 425.



Signature

Mark Griffith
Print Name

Date 4-5-2016

Mailing Address 17 Patrick Drive

City Westbrook State Maine Zip 04092
TEL 207-854-5262 FAX 207-854-5262

Remember

Submit completed pages 1 thru 3 of Form N for each original notification.

Submit pages 4 or 5 only as needed.

ME DEP USE ONLY

Postmark/ FAX/ hand-delivered _____
Date Received _____ Check # _____
NESHAP _____ State _____
Waiver _____

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N**

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22. Emergency Notification (oral notification must be made within 1 working day of the emergency)

Complete when a waiver to the standard notification period is requested for an emergency asbestos removal project which is necessitated by a sudden, unexpected event such as non-routine failures of equipment or by actions of fire and emergency medical personnel pursuant to duties within their official capacities. Written emergency notification must be received by the Department as soon as possible, but no later than 72 hours after the emergency.

Any required notification fee for the emergency project shall be received no later than 3 days after the emergency notification is submitted.

Detailed Explanation (Include the date and hour on which the emergency occurred) _____

Signature (Emergency Notification requested by)

Mark Griffeth
Print Name


Date _____

23. Notification Timeframe Waiver Request (must be received by MEDEP at least 24 hours prior to the start of the project)

Complete when a waiver to the standard notification period is requested when reasonable planning & foresight could not have predicted the event & other notification procedures would not suffice to protect public health & the environment. Examples include discovering additional asbestos-containing material during a renovation or demolition for which an asbestos inspection was conducted (e.g., within a wall cavity or plumbing chase), a public health threat exists or will develop (e.g. clean up following a fiber release episode), or unforeseeable circumstance (e.g., boiler & associated piping/valves failure).

Any required notification fee for the notification timeframe waiver project shall be received no later than 3 days after the notification timeframe waiver notification is submitted.

Detailed Explanation Real Estate Transaction and additional materials discovered in demolition impact survey


Signature (Notification Waiver requested by)

Mark Griffeth
Print Name

Date **4-5-2016**

MEDEP Action on Emergency Notification or Notification Waiver Request

APPROVED DISAPPROVED (by) _____ (date) _____

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Signature (Emergency Notification requested by) _____

Mark Griffith
Print Name

Date _____

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Detailed Explanation Real Estate Transaction and additional materials discovered in demolition impact survey



Mark Griffith
Print Name

Signature (Notification Waiver requested by)

Date 4-5-2016

MEDEP Action on Emergency Notification or Notification Waiver Request

APPROVED

DISAPPROVED

(by) Sandra J. Moody

(date) 4-5-16

