#### 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** 

Page 1 of 5 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

2. Original Notification

1. Project Code	2. Original Notification	2 Tu	22 af A	41.14		
BIO- 15-288		3. Iy	pe of Ad	etivity 4. Waiver		
11.	X Standard	X De	molition	☐ Non Standard Work Practices		
(Assigned by notification submitter)	☐ Facility O&M (Approved Ann	ual) Re	novation	□ Emergency		
	☐ Courtesy (Not Subject to the	Rule)		x Notification Timeframe Waiver		
				☐ Approved Annual Non Standard		
5. Facility Owner		6. Asi	estos (	Contractor		
Name Crandall Toothake	г	Name	BIOS	Safe Environmental		
Address PO Box 4271		Addres		atrick Drive		
City Portland State M	faine Zip 04101					
Contact Above				, <del></del>		
To an inches		Contac	Mark	Griffeth		
		TEL 2	<u>07-854-</u>	5262 FAX <u>207-854-2609</u>		
7. Facility Location (Where	removal is to take place)		8. Fa	acility Description		
BLDG Name Multi Family			Pres	ent Use Multi Family		
Floor and/or Rm.# Exterior			Prior	·		
Physical Address 56 Wilmont	Street		-			
City Portland State Mail	ne 7in 04101		1	2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9. Asbestos (ACM) Removal	-		BLDG	S Age 1930's		
ACM Type	Amount	Measure	ment	Project Totals		
Pipe or Pipe Covering		Linear Fee				
Boiler Covering		Square Fee	et .	Total Square Feet ≈ 280		
Mudded Fittings		Linear Fee		Total Square Feet = 280		
Duct Covering Gasket Material		Square Fee	et	Total Linear Feet =		
		Square Fee				
		Square Fee				
Mastic 250		Square Feet		Total Project = 280		
Colling Tiles		Square Fee				
Spray-on		Square Fee	t			
Siding		Square Fee		Note: Vigual avaluations and air		
Francita D		Square Feet		Note: Visual evaluations and air clearances for asbestos abatement projects		
oofing/Floobing		Square Fee		Involving more than 100 square/linear feet		
Slues		Square Fee	1	or any combination thereof of must be		
Plaster		Square Feet		performed by an independent Ashestos		
loor Tile by Heat		Square Feet		Consultant unless otherwise specified in		
1901 THE DY FIERL		Square Feet		Asbestos Management Regulations, 06-096 CMR 425) (effective April 3, 2011).		
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State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
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FORM N

Notification	į	17 State House	oo Hazaru Freyerii	on Program	l IV
BIO- 15-288		TEL (207) 28	Station, Augusta, 37-2651 FAX (207) 2	IVIE 04333	Dago 7 of 5
Project Code		(-11)	2001 1700 (201) 2	07-0220	Page 2 of 5 Revised 2011
10. Notification Fees					
(Required fees must accompany	,	11. Notification I	Fee Not Included	12. Demolition (com	plete as applicable)
notification)	<b>-</b>	Single family ho	ome exemption	ı	tion (structurally
X \$100.00 = ACM amounts 100 S	q Ft or	☐ ACM amount I	ess than 100 Sq Ft or	unsound) by St	•
100 Ln Ft or any combination than 500 Sq Ft or 2500 Ln Ft.	but less	100 Ln Ft or a	ny combination	government	
\$150.00 = ACM amounts more		☐ Fees paid qua	rterly (Non-Scheduled		
500 Sq Ft or 2500 Ln Ft but le	than ss than	O&M only)		All other demoli	ions
1000 Sq Ft or 5000 Ln Ft.		☐ BGS exemption	n		
☐ \$300.00 = ACM amounts more	than	☐ Fee to follow w	ithin 3 days	<u>Demolition Dates:</u>	
1000 Sq Ft or 5000 Ln Ft or an combination	у	(Emergency/N	otification Waiver only)	Start TBD	
				End	
		Note on Require	ed Notification Fees		
If there are not sufficient funds to the Department in accordance w	COVOR H	oo obook or ili			
the Department in accordance was bank check), the Department wil	ith State	of Maine laws and	policies. Until that ins	Afficient funds fee will b	e assessed by
bank check), the Department will additional checks for other project	not acce	ept any additional d	checks or credit card tra	ansactions from the pa	oy money order or rtv includina
13. Scheduled Dates for Asbestos					,
			14. Project Work Ho	urs	
Project Start Date 6-8-2015	5/01/2	(O19	7:30 AM to 4:00 PM (	(Show actual hours)	
Project Completion Date 6-14-2015	اداه	10,6		·	
1 Toject Completion Date 6-14-2015	7101	CIUKI	Weekdays (Check all		
ACM Removal Dates (from) 6-8-201	x 2	12015	xMxTx	F	
			W-1-1-10		
ACM Removal Dates (to) 6-31-20	5 9/2	1/2015	Weekend (Check all th		
	•	•	SatSt	ur	
15. Procedure Used to Detect Pres			16. Project Clearance		
Testing Assumed Positive	x_	Tested Positive	Visual evaluation by: (A	Nir Monitor (if known) and	Company
Methodx PLM		TEM	Mid Coast Environment		Company)
Sampled By Mark Griffeth			Í		AL THE STATE OF TH
(Print Na	ne)		Air Clearance by: (Air N	Monitor (if known) and Co	mpany)
Company BIOSafe Environmental			Mid Coast Environmenta	al <sub>.</sub>	
Notes Mu					
Note: Whenever building mat must be at the asbes	erials ar	e assumed to con	ntain asbestos, signe	d bulk sampling discl	osure forms
<u> </u>		-	e and available for rev	view by the Departme	nt.
17. Asbestos Abatement Design Co	nsultant (				
Name Mark P. Coleman		Me Certification Nur	mber <u>DC # 0069</u>		
Company Environmental Safety & Hy	giene	DC Certification Exp	piration Date <u>3-31-2016</u>		

BIO- 15-288 Project Code

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18. Asbestos Abatement Methods and Alternative Work Prac	ctices (check all that apply)
1	
The state of the containment consisting of 2-rayers 4 mil p	poly on walls & ceiling & 2 layers 6 mil poly on floors
Regulated area with containment consisting of 1-layer 6 mil po X Regulated area with Exclusion zone	
1	☐ Wetting ACM during removal not required
☐ Glovebags (unlimited non-contiguous, contiguous limited to 30☐ Adhesive by grinding or bead blasting	- Industry to Amelicate Air not leasible
· · · · · · · · · · · · · · · · · · ·	<ul> <li>Aggressive Air Clearance not required</li> </ul>
1 1 1 2 2 2 2 1 Of hi good condition (no contamment)	<ul> <li>Visual Clearance only</li> </ul>
a serving derive by fleavy equipment	<ul> <li>Remote Decontamination Unit</li> </ul>
The same of the character saws/cutters	X Smaller than standard Decontamination Unit
☐ Flooring by mechanical equipment/ice scrapers/pry bars ☐ Enclosure	☐ Shutting down NAM at night
El Citologue	☐ Encapsulation
Note on AHER	A School Projects
The Federal Asbestos –Containing Materials in Schools regularians specific requirements for asbestos abatement activitare air clearance and sample analysis protocols.  19. Waste Transporter (Must be ME DEP licensed Non-	mes that thay <u>not</u> be waived by the Department. Among these
Hazardous Waste Transporter)	20. Disposal Site
	Name Minerva Landfill
Name Service Transport Group, Inc	Address 9000 Minerva Road
Address 58 Pyles Lane	City Waynesburg State Ohio Zip 44688
City New Castle State DE Zip 19720	Contact
Contact Tom Gaudet	TEL <u>330-866-3435</u> FAX <u>330-866-4411</u>
TEL <u>302-778-5930</u> FAX <u>302-778-0446</u>	
21. Certification (Notification Submitted by)	
I certify that to the best of my knowledge, the information conta asbestos abatement contractor will be/has been contracted to in	nined in this notification is true and accurate, and that the mplement work practices as required by 06-096 CMR 425.
Man hall	
Signature	<u>Mark Griffeth</u> Print Name
Date 8-26-2015	Finit (valige
Mailing Address 17 Patrick Drive	
City <u>Westbrook</u> State <u>Maine</u> Zip <u>04092</u>	
TEL <u>207-854-5262</u> FAX <u>207-854-5262</u>	

Remember							
Submit completed pages 1 thru 3 of Form N for each original notification.							
Submit pages 4 or 5 only as needed.							

	ME DEP US	E ONLY	
Postmark/ FAX/ h	and-delivered _		
Date Received		Check #	
NESHAP	State		
Walver			

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BIQ- 1 (Assign submitted Street Stree	5-288	inal Notifi ndard ility O&M ( intesy (Not	cation Approved Annual) Subject to the Rule)	3, Type X Dem Renc 6. Asbe Name Address City West	of Activity colition stos Contractor BIOSafe Enviro 17 Patrick Drive stbrook State Mark Griffeth 7-854-5262 FAX 8. Facility Des Present Use Prior Use SLDG Size 1	4. Walver Non State Emerge X Notificati Approve  Commental  Maine Zi  ( 207-854-26	andard Work Practices ency ion Timeframe Waiver ed Annual Non Standard p <u>04092</u>
9. Asbes	tos (ACM) Removal	04101	B10	19	BLDG Age 19	930's	
JOB NO.		***	**************************************	:\$44446\$ ?T :\$444448	***		P. 001
JUB NU.	MODE FCM	NO.	DESTINATION	TEL/ID	START TI:		RESULT