#### WORK PRINCIPAL FRONTAGE DISPLAY THIS CARD

#### CITY OF PORTLAND Please Read CTION Application And Notes, If Anv. PERMI Attached This is to certify that

PERMIT ISSUED Permit Number 041841 20 2004 CITY OF PORTLAND

has permission to

City Of Portland/Cianbro Cor

ne Ten Partial Demolition of the Inte ional M

AT 454 Commercial St

this department.

epting this permit shall comply with all provided that the person or persons, ation 2 of the provisions of the Statutes of N ne and of the ances of the City of Portland regulating of buildings and statures, and of the application on file in the construction, maintenance and u

043 D005001

Apply to Public Works for street line and grade if nature of work requires such information.

N ication insped must and w n permis n procu ding or bl e this t thered ed or d osed-in. R NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

e Dept. Amil

alth Dept. \_\_\_\_

peal Board\_\_\_\_

Department Name

PENALTY FOR REMOVING THIS CARD

Director - Building & Inspection Services

|                     | y of Portland, Mai                                     |               | _                |            |                       | '11 )           | mit No:       | PERM         | TISS              | UED CBL:                | horaci          |
|---------------------|--|---------------|------------------|------------|-----------------------|-----------------|---------------|--------------|-------------------|-------------------------|-----------------|
|                     | Congress Street, 041                                   | .01 Tel: (    |                  | , Fax:     | (207) 874-87.<br>———— |                 | 04- 841       |              |                   |                         | 005001          |
|                     | ation of Construction:                                 |               | Owner Name:      |            |                       |                 | Address:      | DEC :        | )                 | Phone:                  |                 |
|                     | Commercial St  |               | City Of Portland |            |                       | Congress St     |               | 2   20       |                   |                         |                 |
| Busi                | ness Name:   |               | Contractor Name: |            |                       | 1               | ctor Aldress: |              |                   | Phone                   |                 |
|                     |  | Cianbro Corp. |                  |            |                       | W. Commer       | ver Street P  | 97H394       | <b>A</b> 20 77735 | 852                     |                 |
| Lessee/Buyer's Name |  | Phone:        |                  |            | Permit                | • •             | 111 01 1      | OILI         | LAIVU             | Zone:                   |                 |
|                     |  |               | <u> </u>         |            |                       | Dem             | olitions      | _            |                   | _                       | WIDE            |
| Past                | Use:   |               | Proposed Use:    |            |                       | Permi           | t Fee:        | Cost of Wor  | k:                | CEO District:           |                 |
| I I                 |  |               | Partial Demoli   |            |                       |                 | \$2,046.00    | \$225,00     | 00.00             | 2                       |                 |
|                     |  |               | International N  | Aarine '   | Terminal              | FIRE            | DEPT:         | Approved     | INSPE             | -                       |                 |
|                     |  |               |                  |            |                       |                 |               | Denied       | Use Gr            | oup: DE 1               | Type:           |
|                     |  |               |                  |            |                       |                 |               |              | Į .               | Vici                    | 10/             |
|                     |  |               |                  |            |                       | _               |               |              |                   | 171                     | XIVY            |
| _                   | oosed Project Description:                             |               |                  |            |                       |                 |               |              |                   | 177                     | 1/ 1            |
| Par                 | tial Demolition of the In                              | nternationa   | l Marine Termir  | nal        |                       | Signati         |               | 10km         | Signatu           |                         | XL LOS          |
|                     |  |               |                  |            |                       | PEDES           | STRIAN ACT    | IVITIES DIST | TRICT (I          | RICT (P.A.D.)           |                 |
|                     |  |               |                  |            |                       | Action          | ı: Appro      | ved App      | proved w/         | Conditions              | Denied          |
|                     |  |               |                  |            |                       |                 |               |              |                   | Б.                      |                 |
|                     | <del></del>  |               |                  |            |                       | Signat          |               |              |                   | Date:                   |                 |
|                     | nit Taken By:  |               | oplied For:      |            |                       |                 | Zoning        | g Approva    | al                |                         |                 |
| Ide                 | obson  | 12/10         | 5/2004<br>       | C          |                       |                 | 7             | Aal          |                   | Historic Pr             |                 |
| 1.                  | This permit application                                |               |                  | Spe        | ecial Zone or Revi    | ews             | Zoni          | ng Appeal    |                   |                         |                 |
|                     | Applicant(s) from mee                                  | eting applic  | cable State and  |            | horeland              |                 | Variano       | ce           |                   | Not in Dist             | rict or Landmar |
|                     | Federal Rules.   |               |                  |            |                       |                 |               |              |                   |                         |                 |
| 2.                  | Building permits do no                                 |               | olumbing,        | Wetland    |                       |                 | Miscellaneous |              |                   | Does Not Require Review |                 |
|                     | septic or electrical wor                               | rk.           |                  |            |                       |                 |               |              | _                 |                         |                 |
| 3.                  | Building permits are v                                 |               |                  | Flood Zone |                       | Conditional Use |               |              | Requires R        | eview                   |                 |
|                     | within six (6) months of False information may         |               |                  |            |                       |                 |               |              | Approved          |                         |                 |
|                     | permit and stop all wo                                 |               | a building       | 🗆 s        | ubdivision            |                 | Interpre      | etation      |                   | Approved                |                 |
|                     | permit and stop an wo                                  | 1 K           |                  |            |                       |                 | <u> </u>      |              |                   |                         | (0. 1)          |
|                     |  |               |                  | Si         | ite Plan              |                 | Approv        | ed           |                   | Approved v              | w/Conditions    |
|                     |  |               |                  |            |                       |                 |               |              |                   |                         | $\overline{}$   |
|                     |  |               |                  | Maj        | Minor MN              |                 | Denied        |              |                   | ☐ Denie                 | 2               |
|                     |  |               |                  | 2016       |                       | \M]             | _             |              |                   |                         | <i>'</i>        |
|                     |  |               |                  | Date:      | 12/16/04              |                 | Date:         |              | D                 | ate:                    |                 |
|                     |  |               |                  |            | , , ,                 |                 |               |              |                   | /                       |                 |
|                     |  |               |                  |            |                       |                 |               |              |                   |                         |                 |
|                     |  |               |                  |            |                       |                 |               |              |                   |                         |                 |
|                     |  |               |                  |            |                       |                 |               |              |                   |                         |                 |
|                     |  |               |                  | ,          | CERTIFICAT            | ION             |               |              |                   |                         |                 |
| Y L                 |  |               | 1 6.1            |            |                       |                 | 1 1 .         |              | 1 .1              | c                       |                 |
|                     | reby certify that I am the<br>ve been authorized by th |               |                  |            |                       |                 |               |              |                   |                         |                 |
|                     | sdiction. In addition, if                              |               |                  |            |                       |                 |               |              |                   |                         |                 |
|                     | l have the authority to e                              |               |                  |            |                       |                 |               |              |                   |                         |                 |
|                     | permit.  |               | •                | •          | -                     |                 |               | •            |                   |                         | • •             |
|                     |  |               |                  |            |                       |                 |               |              |                   |                         |                 |
| SIC                 | NATURE OF APPLICANT                                    |               | _                |            | ADDRES                | 26              |               | DATE         |                   | וות                     | IONE            |
| 310                 | MATURE OF AFFLICANT                                    |               |                  |            | ADDRES                | J.O             |               | DATE         | •                 | rn                      | ONE             |
|                     |  |               |                  |            |                       |                 |               |              |                   |                         |                 |
| RES                 | SPONSIBLE PERSON IN CH                                 | IARGE OF W    | ORK, TITLE       |            |                       |                 |               | DATE         |                   | PH                      | IONE            |

| Location of Construction:  | Owner Name:   |  | Owner Address:   |   | Phone:   |
|--|---|--|--|---|--|
| 454 Commercial St  | City Of Portland  |  | 389 Congress St  |   |  |
| Business Name:   | Contractor Name:  |  | Contractor Address:  |   | Phone  |
|  | Cianbro Corp.   |  | 328 W. Commercial Str  | reet Portland   | 2077735852   |
| Lessee/Buyer's Name  | Phone:  |  | Permit Type:   |   | Zone   |
|  |   |  | Demolitions  |   |  |
| Dept: Zoning Sta   | atus: Approved with Condition   | s <b>Reviewer</b>  | Marge Schmuckal  | Approval Dat  | te: 12/16/200  |
|  | atus. Approved with Condition   |  |  |   |  |
| Note:  1) If there are any legal nonce the same footprint. After the ordinances in effect at   | onformities concerning the structure one year all legal nonconformitithe time of reconstruction.  on only. Any rebuilding or new  | cture being dem  | olished, there is only or<br>ned, after which time an  | ne year in which to   | Ok to Issue:   |
| Note:  1) If there are any legal nonce the same footprint. After the ordinances in effect at 2) This permit is for demoliti  Dept: Building Sta  | onformities concerning the structure one year all legal nonconformitithe time of reconstruction.  | eture being demes are extinguis  | olished, there is only or<br>ned, after which time an<br>nall require a separate ap                                  | ne year in which to   | Ok to Issue: Description on shall be built to the ew and approvals the state of the |
| Note:  1) If there are any legal nonce the same footprint. After the ordinances in effect at 2) This permit is for demoliti  Dept: Building State  Note:                               | onformities concerning the structure one year all legal nonconformities the time of reconstruction. It is non only. Any rebuilding or new latus: Approved with Condition                                | eture being dem es are extinguis construction sl s Reviewer                  | olished, there is only or ned, after which time an all require a separate ap  Mike Nugent                            | ne year in which to<br>ny new construction<br>oplication for revi | Ok to Issue:   |
| Note:  1) If there are any legal nonce the same footprint. After the ordinances in effect at 2) This permit is for demoliti  Dept: Building State  Note:                               | onformities concerning the structure one year all legal nonconformitithe time of reconstruction.  Ion only. Any rebuilding or new   | eture being dem es are extinguis construction sl s Reviewer                  | olished, there is only or ned, after which time an all require a separate ap  Mike Nugent                            | ne year in which to<br>ny new construction<br>oplication for revi | Ok to Issue: Description on shall be built to the ew and approvals the state of the |
| Note:  1) If there are any legal nonce the same footprint. After the ordinances in effect at 2) This permit is for demoliti  Dept: Building State  Note:  1) Must pass predemo inspect | onformities concerning the structure one year all legal nonconformities the time of reconstruction. It is non only. Any rebuilding or new latus: Approved with Condition                                | eture being demes are extinguis  construction sl  Reviewer  prior to comence | olished, there is only or<br>ned, after which time an<br>nall require a separate ap<br>Mike Nugent<br>ement of demo. | ne year in which to<br>ny new construction<br>oplication for revi | Ok to Issue: Probability of rebuild within on shall be built to the ew and approvals re: 12/20/200 Ok to Issue:  |
| Note:  1) If there are any legal nonce the same footprint. After the ordinances in effect at 2) This permit is for demoliti  Dept: Building State  Note:  1) Must pass predemo inspect | onformities concerning the structure one year all legal nonconformities the time of reconstruction. It is non only. Any rebuilding or new latus: Approved with Condition etions by M. Wing on 12/23/04, | eture being demes are extinguis  construction sl  Reviewer  prior to comence | olished, there is only or<br>ned, after which time an<br>nall require a separate ap<br>Mike Nugent<br>ement of demo. | ne year in which to<br>ny new construction<br>oplication for revi | Ok to Issue: Probability of rebuild within on shall be built to the ew and approvals re: 12/20/200 Ok to Issue:  |

### CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

| SIGNATURE OF APPLICAN                     | ADDRESS | DATE | PHO  |
|---|---------|------|------|
|   |         |      |      |
|   |         |      |      |
| DECDONCIDI E DEDCON IN CHADCE OF WORK TIT |         | DATE | DIIO |

### All Purpose Building Permit Application for Demolition of A Structure

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

| Location/Address of Construction: /NTE   | FR NATION                    | IAL MARINE TERMINA  | ٤ ( | DMMERCIAL ST                       |
|--|------------------------------|---|-----|------------------------------------|
| Total Square Footage of Proposed Structu<br>20,086 SQJARE  |                              | Square Footage of Lot<br>624, 335 SQL                       | jAT | RE FEET                            |
| Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 43 Lot D-5 & G-1  | Owner:                       | F PORTLAND  |     | Telephone: 207-756-8029            |
| Lessee/Buyer's Name (If Applicable)  | telephone:<br>Απν: Ρα<br>200 | name, address &  UL BRADBURY  I WETTSROOK ST  ZAND ME 04102 |     | ost Of<br>ork: \$ 225,000<br>e: \$ |
| Current use: WAREHOUSE OFFICE SPACE FOR SCOTIA PRINCE  If the amilian is our entity was prior use:  Approximately how long has it been vacant:  Project description:  DEMOLITION CALL OF MUST BE SUMMED WITH THIS APPLICATION  |                              |   |     |                                    |
| Contractors name, address & telephone: CIANBRO CORPORATION  ATTN: TROY G. MARTIN P.O. BOX 1000 ONE HUNNEWELL SQUARE  PITSFIELS, MAINE 04967 207-487-3311  Whom should we contact when the permit is ready: PAUL BRANBURY  Mailing address: 1001 WESTBROOK ST  PORTLAND, ME 04107 |                              |   |     |                                    |
| F THE REQUIRED INFORMATION IS NOT INCLU  | JDED IN THE S                | SUBMISSIONS THE PERMIT WI                                   |     | one: 207-756-8029                  |

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

| <del></del>             |      |        |              |      |  |
|-------------------------|------|--------|--------------|------|--|
| Signature of applicant: | ul 1 | Snooth | Date: /2 · / | 5.04 |  |
|                         |      |        |              |      |  |

This is not a permit, you may not commence ANY work until the permit is issued. This is for residential demolition.

Commercial demolition will require other types of permitting along with this permit, please inquire with support staff

# City of Portland Inspection Services Division Demolition Call List and Requirements INTERNATIONAL MARINE TERM

| STREET                                  | Owner: CITY OF FORTLAND  |
|---|--|
|   | Contractor: CIANGRO CORP.  |
| <u>NUMBER</u>                           | CONTACT NAME/DATE CONTACTED  |
| 1-800-750-4000                          | SERVICE NOT CHANGES N/A  |
| 1-800-941-9900                          | SERVICE NOT CHANGEN N/A  |
| 797-8002 ext 6241                       | RICK BELLEMARE 11.16.04  |
| 761-8310                                | JAY HEWITT 11-23-04  |
| 253-2222                                | N/A NO CHANGE TO SERVICE   |
| 1-888-344-7233<br>Business Hours before | 12-14-04 By Swaw Bros Const. edigging can begin)   |
|   | Contucate   Stands   Stands   Stands   NUMBER     1-800-750-4000     1-800-941-9900     797-8002 ext 6241     761-8310     253-2222     1-888-344-7233 |

| CITY APPROVALS                      | <b>NUMBER</b> | CONTACT NAME/DATE CONTACTED       |
|-------------------------------------|---------------|-----------------------------------|
| DPW/ Traffic Division               | 874-8891      | (L. Cote) 12.15.2004 (VIA E-MAIL) |
| DPW/ Forestry Division              | 874-8389      | (J. Tarling) 12.15.2004           |
| DPW/ Sealed Drain Permit            | 874-8822      | (C. Merritt) 12.15.2004           |
| Building Inspections (Insp. Req'd.) | 874-8703      | MIKE NUGENT 11.18.2004            |
| Historic Preservation               | 874-8726      | DER ANDREWS 12-15-2004            |
| Fire Dispatcher                     | 874-8576      | LT McDOUGAL 11.18.2004            |
| DEP – Environmental (Augusta)       | 287-2651      | (Ed Antz) SANDRA MOODY 12:15.2004 |

U.S. EPA Region 1 – No Phone call required. Just mail copy of State notification to:

Demo / Reno Clerk US EPA Region I (SEA) JFK Federal Building Boston, MA 02203

### ADDITIONAL REQUIREMENTS:

- 1) Written Notice to Adjoining Owners: Only when written notice has been given by the Applicant to the owners of adjoining lots will a demolition permit be issued. Provide a list of those notified and a copy of the notification sent with your completed application.
- 2) A Photo of the Structure(s) to be demolished must be submitted with your application.
- 3) Certification From an Asbestos Abatement Company that the building is asbestos-free may be required as per state law notification form attached.

| I have contacted all of the neces | ssary c | ompanies / | departments | as indicated | above and | attached all |
|-----------------------------------|---------|------------|-------------|--------------|-----------|--------------|
| required documentation.           |         |            | _           |              |           |              |

Signed: Jaul Sull Date: 12.15.04



### CITY OF PORTLAND BUILDING CODE CERTIFICATE 389 Congress St., Room 315 Portland, Maine 04101

| TO: | Inspector of Buildings City of Portland, Maine |
|-----|--|
|     | Department of Planning & Urban Development     |
|     | Division of Housing & Community Service        |

RE: Certificate of Design

DATE: 12-6-04

These plans and / or specifications covering construction work on:

Partial demolition of Marine Terminal Structural, Commercial Street, Portland.

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the <u>2003 International Building Code</u> and local amendments.

(SEAL)

Maine.

Signature:

Title:

Structural Department Manager

As per Maine State Law:

\$50,000.00 or more in new construction, repair expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.

Firm: Maguire Group Inc.

Address: 400 Commercial Street

Portland, ME 04101

Note: This is mostly a demolition project and items described below are not applicable to the project. Except demolition, the work is of a minor nature and special inspections are not warranted for this project.

| FROM DESIGNER:              | Maguire Group Inc.   |  |
|-----------------------------|--|--|
| DATE:                       | 12-6-04  |  |
| Job Name:                   | Partial Demolition of N  | farine Terminal Structure  |
| Address of Construct        | ion: Commercial Street, F  | Portland, Maine  |
| Construct                   |  | nal Building Code<br>ing to the building code criteria listed below:                                       |
| Building Code and Ye        | ear Use C  | Froup Classification(s)  |
| Type of Construction        |  |  |
| Will the Structure have a F | Fire suppression system in Accordan  | ce with Section 903.3.1 of the 2003 IRC  |
| Is the Structure mixed use? | ? if yes, separated or non se  | parated (see Section 302.3)  |
| Supervisory alarm system?   | Geotechnical/Soils report  | required?( See Section 1802.2)   |
|                             | ESIGN CALCULATIONS Submitted for all structural members                          | Live load reduction (1603.1.1, 1607.9, 1607.10)  |
| •                           | (106.1, 106.1.1)   | Roof live loads (1603.1.2, 1607.11)  |
| DESIGN LOADS<br>(1603)      | ON CONSTRUCTION DOCUMENTS  | Roof snow loads (1603.1.3, 1608)   |
|                             | ed floor live loads (1603.1.1, 1607)   | Ground snow load, <i>Pg (1608.2)</i>   |
| Floor Area Us               |  | If P <sub>0</sub> > 10 psf, flat-roof enow load, P <sub>f</sub> (1608.3)                                   |
| 1100171104 00               |  | If $P_g > 10$ psf, snow exposure factor, $C_e$ (Table 1608.3.1)  |
|                             |  | lf $P_g > 10$ pst, snow load Importance factor, $l_s$ (Table 1804.5)                                       |
|                             | · · · · · · · · · · · · · · · · · · ·  | Roof thermal factor, Ct (Table 1608.3.2)   |
|                             |  | Sloped roof snowload, Ps (1608.4)  |
|                             |  | Seismic design category (1616.3)   |
| Wind loads (1603.1.         | 4, 1609)   | Basic selsmic-force-resisting system (Table 1617.6.2)  |
| Ba                          | sign option utilized <i>(1609.1.1, 1609.6)</i><br>sic wind speed <i>(1609.3)</i> | Response modification coefficient, R. and deflection amplification factor, C <sub>d</sub> (Table 1617.6.2) |
| Bu                          | liding category and wind importance actor, Iw (Table 1604.5, 1609.5)             | Analysis procedure (1616.6, 1617.5)  |
| Wir                         | nd exposure category (1609.4)  | Design base shear (1617.4, 1617.5.1)   |
| Inte                        | rnal pressure coefficient (ASCE 7)   | Flood loads (1603.1.6, 1612)   |
| Con                         | nponent and cladding pressures<br>1609.1.1, 1609.6.2.2)                          | Flood hazard area (1612.3)   |
| •                           | force wind pressures (1609.1.1,  | Elevation of structure   |
| 1                           | 609.6.2.1)   | Other loads  |
| Earthquake design da        | te (1603.1.5, 1614 - 1623)   | Concentrated loads (1607.4)  |
| Desi                        | gn option utilized (1614.1)  | Partition loads (1607.5)   |
| Selsr                       | nlc use group ("Category")<br>able 1604.5, 1616.2)                               | Impact loads (1607.8)  |
| Spec                        | tral response coefficients, Sps &  | Misc. loads ( <i>Table 1607.6</i> , 1607.6.1, 1607.7, 1607.12, 1607.13, 1610,                              |



### Maine Department of Environmental Protection

Asbestos/Lead Unit 17 State House Station Augusta, Me 04333-0017 Tel (207) 287-2651 FAX (207) 287-7826



### **Building Demolition Notification Form (BDNF)**

#### Pre-Demolition Building Inspection and Abatement Information A)

Important Notice: This Notification is Required by Law prior to demolition of any building except residential buildings with less than 5 units

Federal Law requires that prior to demolition "regulated facilities" be inspected for asbestos, that certain work practices be followed for larger projects (>160 square/260 linear feet), and that notification be provided to DEP. "Regulated facilities" include institutional, commercial, public, or industrial buildings, and residential buildings with 5 or more units. Maine Law requires, prior to demolition, the removal of more than 3 square feet or 3 linear feet of friable asbestos by an asbestos firm licensed by the DEP. Notification of removal activities and removal standards are also required. Demolition means the tearing down or intentional burning of a building or part of a building.

Municipalities are requested to have applicants for demolition permits complete this form prior to the issuance of a

| Please answer all questions:   | t for a |
|--|---------|
|  |         |
| 1. \( \supersize yes \) no Is this a residential building with less than 5 units?  |         |
| 2. Types in no Has the building been inspected by a DEP licensed asbestos consultant?*                                       |         |
| 3. We yes no If asbestos was found, has a 10 day notification of abatement activities sent to the DEP?**                     |         |
| 4. $\cancel{y}$ yes $\square$ no $\square$ n/a Has the asbestos (if any) been removed by a DEP licensed asbestos contractor? |         |
| Notes: *Residential dwellings with less than five units are exempt from notification and inspection requirements             |         |
| **This form constitutes notification when asbestos is not present in the building being demolished.                          |         |

#### **General Information** B)

| property address:                       | asbestos survey performed by: (name & address)  |
|---|---|
|   | MARK P. COLEMAN                                 |
|   | ESH ASSOCIATES                                  |
|   | S DELTH PRIVE                                   |
| telephone:                              | WEARSOUAL, MIZ 04092 telephone: ZUI 454 ZIII    |
| property owner: (name & address)        | asbestos abatement contractor: (name & address) |
| CITY OF PORTUND                         | BIOSHFE ENNICOLIMENTAL                          |
|   | S DELM DRUE                                     |
|   | WESTBROOK, ME 0409Z                             |
| telephone:                              | telephone: Zo7 854.526 L                        |
| demolition contractor: (name & address) | demolition start date:                          |
|   | demolition end date:                            |
|   |   |
|   | building type: (commercial, residential, etc.)  |
| telephone:                              | COMMERCIAL                                      |

Once filled out, please fax or mail immediately to DEP

Original to DEP

Copy to Municipality

Copy to Owner or Operator



# State of Maine Department of Environmental Protection



# LICENSE

This Certifies That

### BIOSAFE ENVIRONMENTAL SERVICES, INC.

Has Been Licensed As

## AN ASBESTOS ABATEMENT CONTRACTOR (FULL)

| CF-0100        | 08/31/2005      |
|----------------|-----------------|
| License Number | Expiration Date |



# State of Maine Department of Environmental Protection



# LICENSE

This Certifies That

## **ENVIRONMENTAL SAFETY & HYGIENE ASSOCIATES, INC.**

Has Been Licensed As

AN ASBESTOS CONSULTANT (FULL)

SF-0005

01/31/2005

License Number

Expiration Date



# State of Maine Department of Environmental Protection



# LICENSE

This Certifies That

### **ENVIRONMENTAL SAFETY & HYGIENE ASSOCIATES, INC.**

Has Been Licensed As

### AN ASBESTOS ANALYTICAL LABORATORY(AIR ANALYSIS)

| LA-0052        | 11/30/2004      |  |  |
|----------------|-----------------|--|--|
| License Number | Expiration Date |  |  |
| License Number | Expiration Date |  |  |

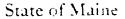


JOHN ELIAS BALDACCI GOVERNOR

April 5, 2004

BioSafe Environmental Services 5 Delta Drive Westbrook, ME 04092

Dear Licensee:



erry Carlotte Service

Mark D. Coleman

1 4 g g\*

Cert No. AA-0042 Expiration Date Trn Exp Date 04/02/2005







Asbestos application(s) for individual certification of the one employee(s) listed below have been received and approved. Individual certification numbers are listed below and wallet card(s) are enclosed. Card(s) are property of the individual to whom each is issued. Your responsibility as a licensee is to ensure delivery of the cards to persons in your employment. This letter should be retained for your company files as record of certification.

Remember, in Maine all certified employees working on an asbestos abatement project, whether conducting removal/repair, air monitoring, design, inspection, or analysis functions, must work for a State of Maine licensed asbestos firm and carry his/her wallet card(s) on the job site.

· As a reminder, prior to renewing your asbestos certification, the State of Maine requires an annual refresher course to be taken before submitting a renewal application. A certificate shall expire one year from the last day of the month from the date of issuance, or on the last day of the month that the training certificate expires, whichever is sooner. A listing of training providers is attached and it is your responsibility to ensure you have completed a renewal training course prior to your training expiration date.

Thank you for your cooperation and your completed application(s).

Name Category Certification # Exp. Date

Mark D. Coleman Air Analyst AA-0042 04/30/2005

Sincerely,

Sandra J. Moody, Environmental Technician

Division of Solid Waste Management

Bureau of Remediation and Waste Management



JOHN ELIAS BALDACCI GOVERNOR

June 7, 2004

DAWN R. GALLAGHER COMMISSIONER

**Environmental Safety & Hygiene** 5 Delta Drive Westbrook, ME 04092

#### Dear Licensee:

Asbestos application(s) for individual certification of the two employee(s) listed below have been received and approved. Individual certification numbers are listed below and wallet card(s) are enclosed. Card(s) are property of the individual to whom each is issued. Your responsibility as a licensee is to ensure delivery of the cards to persons in your employment. This letter should be retained for your company files as record of certification.

Remember, in Maine all certified employees working on an asbestos abatement project, whether conducting removal/repair, air monitoring, design, inspection, or analysis functions, must work for a State of Maine licensed asbestos firm and carry his/her wallet card(s) on the job site.

As a reminder, prior to renewing your asbestos certification, the State of Maine requires an annual refresher course to be taken before submitting a renewal application. A certificate shall expire one year from the last day of the month from the date of issuance, or on the last day of the month that the training certificate expires, whichever is sooner. A listing of training providers is attached and it is your responsibility to ensure you have completed a renewal training course prior to your training expiration date.

Thank you for your cooperation and your completed application(s).

| Name            | Category           | Certification # | Exp. Date  |
|-----------------|--------------------|-----------------|------------|
| Mark P. Coleman | Inspector          | AI-0038         | 05/31/2005 |
| Mark P. Coleman | Management Planner | MP-0074         | 05/31/2005 |

Sincerely,

Sandaf morely Sandra J. Moody, Environmental Technician

Division of Solid Waste Management

Bureau of Remediation and Waste Management

Enclosure

### 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) 287-7826

FORM N

Page 1 of 3

2004 Revision

Important Notice: The notification submitter must send a complete notification including any applicable fee which is 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.

| 1. Project Code  | 2. Type of Not           |                       | 3. Type of Activ                              |                                      |                          | 4. Variances (Check all that apply) |  |  |  |
|--|--------------------------|-----------------------|---|--------------------------------------|--------------------------|-------------------------------------|--|--|--|
| BIO 04 - 04 - 216  | Standard                 | (O)                   | <b>'</b>                                      | emolition                            |                          |                                     |  |  |  |
|  | Facility C               | D&M (Annual)          | Renovation (R)                                |                                      | (R)                      | Non-Standard (NS)  V Standard (S)   |  |  |  |
|  | Emergen                  | cy (E)                | R   | epair                                | ł                        | Standard (S)                        |  |  |  |
|  | Courtesy                 | (Not Regulated)       |   |                                      |                          | Notification Waiver (10 day)        |  |  |  |
| 5. Asbestos Contractor                                   |                          |                       | 6. Faci                                       | 6. Facility Owner                    |                          |                                     |  |  |  |
| Name BIOSAFE ENVIRO                                      | ONMENTAL SER             | RVICES                | Name City OF PORTLAND                         |                                      |                          |                                     |  |  |  |
| Address 5 DELTA DRIVE                                    |                          |                       | Mailing .                                     | Address                              | 389 4                    | ONGRESS ST                          |  |  |  |
| City WESTBROOK   | State MAINE              | Zip 04092             | City  | הבוסק                                | MMS                      | State MAINE Zip value3              |  |  |  |
| Contact MARK P. COLEM                                    | IAN                      |                       | Contact                                       | LAN                                  | y Mo                     | AD                                  |  |  |  |
| Tel 207.854.5262   | Fax 207.854              | .2609                 | Tel   | 374 -                                | 6680                     | Fax                                 |  |  |  |
| 7. Facility Location (Whe                                | ere removal is to t      | ake place)            |   | 8. Fac                               | cility Desc              | ription                             |  |  |  |
| BLDG Name / NTEL   | IA TURAL M               | MANUE TERN            | 41,0,2  | Present                              | Use                      | VACANT                              |  |  |  |
| Floor and/or Rm.# Zyzp                                   | FLOOR U                  | FFILE                 |   | Prior Us                             |                          | OFFICE                              |  |  |  |
| Physical Address <u>Comme</u>                            |                          |                       |   | BLDG :                               | Size 52                  | No. Floors Z                        |  |  |  |
| City Purump  | State                    | MAINE Zip @ 416       | <u>~3</u>                                     | BLDG .                               | Age _                    | 60 I                                |  |  |  |
| 9. Notification Fees (Requirement)                       |                          | A. Notification Fee I | Not Includ                                    | led                                  | d 10. Project Work Hours |                                     |  |  |  |
| must accompany notifi                                    |                          | Single family he      | ome exem                                      | exemptionAM toPM (Show actual hours) |                          |                                     |  |  |  |
| $\frac{1}{\text{SqFt/100 LnFt to 1000 SqFt}}$            | ounts 100<br>/5000 LnFt. | ACM amount le         | ess than 100 West days (Cheek all that apply) |                                      |                          | arg (Chook all shot are to)         |  |  |  |
|  | 5                        | SqFt/100 LnFt         |   | weekdays (Check all mat apply)       |                          |                                     |  |  |  |
| ${1000}$ \$200.00 = ACM amount than 1000 SqFt/5000 LnFt. | ounts greater            | Fees paid quarte      | erly (Non-                                    | erly (Non-                           |                          | <u>X 1 X W Y 1 _ F</u>              |  |  |  |
| -  |                          | Scheduled O&M only)   |   |                                      |                          | d (Check all that apply)            |  |  |  |
| Not Required or Not (Complete Block #9A)                 | included                 | BGS exemption         | 1   |                                      | atSun                    |                                     |  |  |  |
| 11. Scheduled Dates for A                                |                          |                       |   |                                      |                          |                                     |  |  |  |
| Project Start Date                                       | 12/7/04                  | Proje                 | ect Comple                                    | etion Date                           |                          | 12/9/09                             |  |  |  |
| ACM Removal Dates (from)                                 |                          |                       | (to)  |                                      | -                        | SAME                                |  |  |  |
| 12. Asbestos (ACM) Remo                                  | oval                     |                       |   |                                      | <del> </del>             | ME DEP USE ONLY                     |  |  |  |
| ACM Type An  |                          | Amount                | Measurement                                   |                                      | surement                 | Postmark/ FAX/ hand delive          |  |  |  |
| UAT 12" X12"   | ,                        | 240                   |   | SqFt LnFt                            |                          |                                     |  |  |  |
| TMANSINE 120   |                          | 120                   |   | SqFt 4 LnFt                          |                          | Date Received                       |  |  |  |
|  |                          |                       | SqFt LnFt                                     |                                      | _ LnFt _                 | Check #                             |  |  |  |
|  |                          |                       |   | ) oqr (                              |                          | NESHAP                              |  |  |  |
|  |                          |                       |   | SqFt                                 | LnFt                     | State                               |  |  |  |
|  |                          |                       |   | SqFt LnFt Variance                   |                          | Variance                            |  |  |  |

| Asbestos  |  | of Maine  | FORM                  |
|---|--|---|-----------------------|
| Project   |  | vironmental Protection  | N                     |
| Notification  |  | nzard Prevention Program<br>ion, Augusta, ME 04333  | 1.4                   |
|   | TEL (207) 287-265                        | Page 2 of 3   |                       |
| 2004 Revision Project Code                            | 13. Demolition (complete as applical     | hle)  |                       |
| _   | ,  |   | sh sany of order and  |
| BIO 04 - 216  |  | y unsound) by State or local government (atta<br>etermined building structurally unsound) | ich copy of order and |
|   |  | cermined building structurary unsound)  |                       |
|   | All other demolitions                    |   |                       |
|   | Demolition Dates:                        | to  |                       |
| 14. Procedure Used to Dete                            |  | 15. Project Clearance   |                       |
|   | d Positive Tested Positive               | Visual evaluation by: (Air Monitor (if kno  | wn) and Company)      |
| Method PLM  | TEM                                      | EMI   |                       |
| Sampled By ESAA -                                     | M. Coleman                               | Air Clearance by: (Air Monitor (if known)   | and Company)          |
|   | (Print Name)                             | EINI  |                       |
| Company RSH14   |  |   |                       |
|   |  | sbestos, signed bulk sampling disclosure for railable for review by the Department.       | rms must be at the    |
| 16. Asbestos Abatement M                              | ethods (check all that apply & submit    | variance request (Form V) if required)  |                       |
| Regulated area with co                                | ontainment consisting of 2-layers 4 mil  | poly on walls & ceiling & 2 layers 6 mil poly   | on floors             |
| Regulated area with co                                | ontainment consisting of 1-layer 6 mil p | oly on walls & ceiling & 2 layers 6 mil poly o  | on floors             |
| Regulated area with E                                 | exclusion zone                           | Intact flooring demo by   | y heavy equipment     |
| •   | us glovebags (variance required)         | Adhesive by grinding  | or bead blasting      |
| Contiguous glovebags                                  | less than 30 Ln/ft (variance required)   | Enclosure   |                       |
| Wrap & cut- TSI in go                                 | od condition (no containment)(variance   | e required) Encapsulation   |                       |
| Wrap & cut- TSI not in                                | n good condition (containment required   |   |                       |
| Flooring by mechanica                                 | al equipment/ice scrapers/pry bars       | <u>'X</u> Other (specify) DEN   |                       |
| 17. Waste Transporter (M                              | ust be ME DEP licensed Non-              | 18. Disposal Site   |                       |
| Hazardous Waste Transpo                               | rter)                                    | Name WASTE OF MAINE   |                       |
| Name WASTE MANAG                                      | EMENT OF MAINE                           | Address 357 MERCER ROAD   |                       |
| Address 2000 FOREST AV                                | ENUE                                     | City NORRIDGEWOCK State MAIN  | NE Zip 04957          |
| City PORTLAND   | State MAINE Zip 04013                    | Contact SAME  |                       |
| Contact BRIAN GORDON                                  |  | Tel SAME Fax N/A  |                       |
| Tel 207.797.2406                                      | Fax N/A                                  |   |                       |
| 19. Certification (Notificat                          | tion Submitted by)                       |   | <del></del>           |
| I certify that to the best of                         | my knowledge, the information conta      | ined in this notification is true and accurat   | c, and that the       |
| asbestos abatement contract 425, the Asbestos Managen |  | plement work practices as required by Ma  | ine DEP Chapter       |
| - Marie   |  | MARK P. COEMAN  |                       |
| Signature   | <del></del>                              | Print Name  |                       |
| Date /2/1/04  |  |   |                       |
| Address 5 DELTA DRIVE                                 |  |   |                       |
| City WESTBROOK  | State MAINE Zip 04092                    |   |                       |
| Tel 207.854.5262                                      | Fax 207.854.2609                         |   |                       |

DEC-08-2004 09:26

DEP

Project Notification

BIO 04-216

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Department of Environmental Projection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04353 TEL (207) 287-2631 FAX (207) 287-7826 12072877826 P.01

N

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2004 Revision

| 20. Emergency Notification (oral notification must be made within   | I working day of the emergency)   |
|---|---|
| Complete when a waiver to the standard notification period is reques necessitated by a sudden, unexpected event such as non-routine failu personnel pursuant to duties within their official capacities. Written soon as possible, but no later than 72 hours after the emergency.  | eres of equipment or by actions of fire and emergency medical emergency notification must be received by the Department as  |
| Detailed Explanation (Include the date and hour on which the eme  | rgency occurred) BuilDials UP CANT  |
| Die To MOW 1986 - VAT FOUND   |   |
| Demo of WEST unil To Continue   | KE ASAP PER CITY DIREC  |
|   | MARK P. COLEMAN   |
| Signature (Emergency Notification requested by)   | Print Name  |
| Date 12/7/04  | •   |
| MEDEP Action on Emergency Notification  DESAPPROVED DESAPPROVED (by)  | ch Bayerfy (date) 12/8/04.  |
|   |   |
|   |   |
| 21. Notification Waiver Request (must be received by MEDEP as   | least 24 hours prior to the start of the project  |
| Complete when a waiver to the standard notification period is request predicted the event & other notification procedures would not suffice discovering additional asbestos-containing material during a renovation, within a well cavity or plumbing chase), a public health threat episode), or unforeseeable circumstance (e.g., boiler & associated pig | to protect public health & the environment. Examples include ion or demolition for which an asbestos inspection was conducted exists or will develop (e.g. clean up following a fiber release |
| Detailed Explanation  |   |
|   |   |
|   | MADE D CONTRACT   |
| Signature (Notification Waiver requested by)  | MARK P. COLEMAN Print Name  |
| Date  |   |
| MEDEP Action on Notification Waiver Request   | 1   |
| APPROVED   DISAPPROVED (by)   | (dute)  |
|   |   |

### Asbestos Project Variance Request

BIO 04 - ZLG Project Code

# 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) 287-7826

FORM V

Page 1 of 2

2004 Revision

### Standard Variance(s) Requested by Maine Certified Asbestos Design Consultant

Check all that apply. Written Department approval is not required prior to implementation. Standard variances submitted during or before the project due to unforeseeable conditions shall not be implemented until 5 days after the variance is received by the Department unless otherwise approved by the Department. 1. Wetting ACM (during removal phase only) is not required when:  $\chi$  Temperature inside regulated area below 32°F & heating not feasible nor practical Electrical conditions exist that would create shock/electrocution hazard Operational high-pressure steam lines are being abated/repaired 2. Exhausting to Ambient Air is not feasible when: Health & Safety concerns (limited egress) Distance too great 3. Aggressive Air Clearances in dirt crawl spaces only are not required when: Dirty or dusty conditions exist not related to asbestos activities exist inside or outside the regulated area and will likely result in count overloads (Static Air Samples are required) 4. Containment and air clearances not necessary when: Enclosure activities do not impact ACM Removal of TSI components that utilize "wrap & cut" methods, provided that an Asbestos Inspector has determined the components to be in good condition & not likely to release fibers during removal, & has recorded this determination in the project design. By signing below, the Design Consultant attests that the TSI is in good condition. Removal or repair of ACM using multiple non-contiguous glovebags that are no larger than 60 inches by 60 inches Removal or repair, using contiguous glovebags, that involve a total of no more than 30 l/ft of ACM on a single pipeline, or any amount of ACM that can be removed within 10 glovebags for pipelines running parallel to each other 5. Remote decontamination unit is needed: DECEL FUR MARSINE WILL WAR WAT 6. Smaller than standard decontamination unit needed in residential structure: A variance to the requirements for minimum decontamination unit size is allowed in residential structures where construction of a decontamination unit meeting minimum size requirements is not possible due to room size and configuration. HVAC system component locations, or restriction of safe egress for residents. Note: A detailed floor plan showing the work area, decontamination unit n and room dimensions must be submitted with the requested variance. Design Consultant Sign-off for Standard Variance(s) MARK P. COLEMAN Signature Print Name Date Company BIOSAFE ENVIRONMENTAL SERVICES ME Certification Number DC - 0069 Address 5 DELTA DRIVE Certification Expiration Date 01.31.2005 City **WESTBROOK** Zip 04092 State MAINE Tel 207.854.5262 Fax 207.854.2609

- Indoor Air Quality OSHA Compliance
- Asbestos Consulting Training
- Lead Consulting
- Industrial Hygiene

### FINAL VISUAL EVALUATION / AIR CLEARANCE RELEASE FORM

| · · · · · · · · ·   | DATE:   |  | ELEMI                                      | 3ER 7,  |   |   | <del></del>  |  |  |                    |
|---|---|--|--|---|---|---|--|--|--|--------------------|
| PROJECT   | CLIENT:   | <u>C</u>   | ITY C                                      | OF POR  | TUANO                                       |   |  | <del></del>  |  |                    |
| PROJECT   | ADDRESS:  | : <u>/</u> /   | TEZNA                                      | TWIAL M                                       | MUNE  | TERMINA   | 9 L  |  |  |                    |
| PROJECT   | DESCRIPT  | ION: <u>Z</u>  | N 54                                       | 2. FT. 12"                                    | 21L"  | -T  | ·  |  |  |                    |
| ESH has of<br>for final at<br>The abate<br>square fee<br>accordance | confirmed to<br>ir clearance<br>ment composit<br>of asbesto | he asbesto<br>e sampling<br>rised of th<br>os-contain<br>e of Main | os contai<br>g. ESH on<br>he removing mate | al and disposa<br>erial. The visitos Manageme | as free of a<br>al of appro-<br>ual evaluat | air clea<br>air clea<br>ximately<br>ion and air s<br>tions, Chapt | nd visible as<br>trance samp<br>lin<br>sampling/ar | sbestos debr<br>bles inside th<br>near feet and<br>nalysis was d | ris and was<br>ne regulated<br>d/or<br>conducted | s ready<br>d area. |
| Sample #  | Pump #  | Start  | Stop                                       | Total Time                                    | PreCal                                      | Post Cal  | Volume   | Fib/Fld  | F/mm2  | F/cc               |
|   |   |  |  |   |   |   |  |  |  |                    |
| 6-1   | io  | 1200   | 1500                                       | 180   | 16'0  | je.   | 2490   | 10/100   |  | 10.010             |
|   | i0<br>11  | 1200   | 1500<br>1500                               | 190<br>190                                    |   | 10.00   |  | 10/100   |  | Lovolo<br>Lovy     |
| 6-1   |   |  |  |   | 16'0  |   | 2490   |  |  |                    |
| 6-1   |   |  |  |   | 16'0  |   | 2490   |  |  |                    |
| 6-1   |   |  |  |   | 16'0  |   | 2490   |  |  |                    |
| 6-1   |   |  |  |   | 16'0  |   | 2490   |  |  |                    |
| 6-1   |   |  |  |   | 16'0  |   | 2490   |  |  |                    |
| 6-1   | il  | 1280.  | 1500                                       | 150   | 16'0  | je ···  | 2490<br>2450                                       | 12/100   |  |                    |
| 6-1   | il  | 1280.  | 1500                                       |   | 16'0  | je ···  | 2490<br>2450                                       | 12/100   |  |                    |
| C-1<br>C-2  | Air   | 1240.  | Form a                                     | nd Chain of                                   | ie 'o' je 'o' Custody a                     | je ···  | 2430<br>2430<br>file at Cor                        | porate Off   |  |                    |
| C-/<br>C-2  | Air   | 1240<br>Analysis<br>らいわり   | Form a                                     | nd Chain of                                   | Custody a                                   | re kept on  | 1930<br>1930<br>file at Cor                        | porate Off   | ice  | Lo-vil             |
| Special No  | Air orizes the c  | Analysis Su 47   | Form a                                     | nd Chain of coupancy of the                   | Custody a                                   | re kept on  | file at Cor  | porate Off   | ice  | Lo vil             |
| Special No  | Air orizes the c  | Analysis Su 47   | Form a                                     | nd Chain of                                   | Custody a                                   | re kept on  | file at Cor  | porate Off   | ice  | Lo vil             |
| Special No ESH author the criteria                                  | Air orizes the c  | Analysis Su #7  learance ance in acc                               | Form a                                     | nd Chain of ecupancy of the with Chapter      | Custody a  the work are 425, section        | re kept on  | file at Cor<br>Bracke                              | porate Off   | ice  | Lo vil             |
| Special No ESH author the criteria                                  | Air orizes the car for cleara or/ Analyst:                  | Analysis Su #7  learance ance in acc                               | Form a                                     | nd Chain of ecupancy of the with Chapter      | Custody a  the work are 425, section        | are kept on sea based on on 10 (D) 2                              | file at Cor<br>Bracke                              | porate Off   | ice  | Lo vil             |

| W      | ASTE SHIPMENT RECORD   | DOCUMENT NU                            | urer.   | TICKET N          | UMBE  | R             |  |  |
|--------|--|--|---|-------------------|---|---------------|--|--|
|        |  | DOCUMENT NO                            | A146506   | 1 , ,             |   | 1 1           |  |  |
|        | Facility name and mailing address  |  | Owner's name  | Owner's te        | elephor                                     | ne no.        |  |  |
|        | INTEGNATIONAL MARINE TERM  | MAL                                    |   | 207-750           | ولخط الم                                    | 029           |  |  |
|        | COMMERCIAL STREET  | Owner's fa                             | ix no.  | /                 |   |               |  |  |
|        | PORTLAND, MAINE 04103  |  | CITY OF POLITICALS<br>1001 WESTBLECK ST<br>PRATONS, ME CHIZ | 207 - 774 -1740   |   |               |  |  |
|        | Operator's name and address  | Operator's                             | teleph  | none no.          |   |               |  |  |
|        | BIOSAFE Environmental Service<br>5 Delta Drive, Westbrook, ME  | 2-7 - 6-54-522 2<br>Operator's fax no. |   |                   |   |               |  |  |
|        |  |  | -   | 207.854 2609      |   |               |  |  |
| G<br>E | 3. Waste disposal site (WDS) name, mailing address,  | and physical site lo                   | ocation   | WDS telephone no. |   |               |  |  |
| NERA   | Minerva Enterprises, Inc.<br>P.O. Box 709<br>9000 Minerva Road<br>Waynesburg, OH 44688                     |  |   | WDS fax n         | 330-866-3435<br>WDS fax no.<br>330-866-3488 |               |  |  |
| Т      | Name and address of responsible agency (Local, D.  | istrict, State, or EP                  | A Office where notification was sent)                       |                   |   |               |  |  |
| O<br>R | State of ME DEP .  |  |   |                   |   |               |  |  |
|        | 17 State House Station, Augus  | ta, ME 04333                           | 3   |                   |   |               |  |  |
|        | Description of materials   |  | 6. Containers   | 7. Total qu       | uantity                                     | ,             |  |  |
|        | RQ, Asbestos, 9 NA2212,111   |  | No. Type  | cubi              | c yd  |               |  |  |
|        |  |  |   |                   |   |               |  |  |
|        | NON- FRANCE 73-ANSITE  |  | 12 WRADDED TRANSITE   | 2,                | <i>لات</i>                                  |               |  |  |
|        | 16 A. FRIASIA FLOR THE   |  | 12 WRAPPED TRANSITE   | 40                | -   |               |  |  |
|        | 8. Special handling instructions and additional information  | ition                                  |   | -                 |   |               |  |  |
|        | Double Wrapped 6 Mil Poly - We   | etted                                  |   |                   |   |               |  |  |
|        | OPERATOR'S CERTIFICATION: I hereby declare   | that the contents o                    | f this consignment are fully and accurate                   | v described a     | hove I                                      | hy proper     |  |  |
|        | shipping name and are classified, packed, marked,<br>to applicable international and government regulation | and labeled, and a                     |   |                   |   |               |  |  |
|        | Printed/typed name & title   |  | Signature   | Month             | Day   | Year          |  |  |
|        | MARK P. LOLEMMA  |  | AI- ME  | . /2_             | 8   | tivef         |  |  |
|        | Name of Transporter 1 (Acknowledgement of receiption)  | ot of materials)                       | •   |                   |   |               |  |  |
| T      | Address, telephone no. and fax no.   |  | Signature   | Month             | Day   | Year          |  |  |
| R<br>A | BUSAFE ENVIRONMENML  |  |   |                   |   |               |  |  |
| N<br>S | 5 DECTA DRIVE  | Printed/typed name & title             | 12  | B                 | 2004  |               |  |  |
| Р      | WESTSILOSI, ME USOGZ   |  |   |                   |   |               |  |  |
| O<br>R | 11. Name of Transporter 2 (Acknowledgement of receipt of materials)  |  |   |                   |   |               |  |  |
| T      | Address Aslankana no and four no   |  |   | T                 |   |               |  |  |
| E<br>R | Address, telephone no. and fax no.   |  | Signature   | Month             | Day   | Year          |  |  |
|        |  |  | Printed/typed name & title                                  |                   |   |               |  |  |
|        |  |  | Trinted/typed flame & tile                                  |                   |   |               |  |  |
| w      | 12. Discrepancy indication space   |  |   |                   |   |               |  |  |
| D<br>S |  |  |   |                   |   |               |  |  |
| ٦      |  |  |   |                   |   |               |  |  |
| }      | 13. Waste disposal site owner or operator: Certification<br>Printed/typed name & title                     | of receipt of asbes                    | stos materials covered by this manifest ex<br>Signature     | ccept as noted    | d in ite<br>Day                             | m 12.<br>Year |  |  |
|        | dr.ypod namo d dao   |  | - organization  | IVIOLITI          | Jay   | i eai         |  |  |







# International Marine Terminal Abutters List

Roger Hale Sr.
President
Fore River Dock & Dredge
446 Commercial Street
Portland, ME 04101

Danny G. Cote, V.P. Northern Utilities Natural Gas 325 West Road Portsmouth, NH 03801

Roland Merriault, V.P. Real Estate Guilford Transportation Iron Horse Park N. Billerica, MA 01862-1692

Bill Johnson Maine Department of Transportation P.O. Box 358 Scarborough, ME 04070

Angelo Ciccio Nova Seafoods 555 Commercial St Portland, ME



DEPARTMENT OF TRANSPORTATION
PORTLAND INTERNATIONAL JETPORT
FACILITIES ENGINEERING DEPARTMENT
1001 WESTBROOK STREET, PORTLAND MAINE 04102

14 December 2004

Mr. Roger Hale Sr., President Fore River Dock & Dredge 446 Commercial Street Portland, Maine 04101

Re: Notification of partial building demolition International Marine Terminal, Portland

Dear Mr. Hale,

In accordance with requirements of the City of Portland, Inspection Services Division the City of Portland, Department of Transportation, Waterfront Division is hereby providing all abutters notification of its intent to demolish a portion of the International Marine Terminal building located at 468 Commercial Street, Portland Maine.

Demolition operations are scheduled to commence on or about the first week of January 2005. If you have any questions or concerns regarding the proposed demolition, please contact this office in writing prior to start of demolition operations.

Best regards,

Carl L. Anderson, P.E.

Assistant Facilities Manager

City of Portland, Department of Transportation

CC: M. Nugent, P. Bradbury, B. Snow, City of Portland

D. Cote, Northern Utilities

R. Merriault, Guilford Transportation

B. Johnson, M.D.O.T.



DEPARTMENT OF TRANSPORTATION
PORTLAND INTERNATIONAL JETPORT
FACILITIES ENGINEERING DEPARTMENT
1001 WESTBROOK STREET, PORTLAND MAINE 04102

14 December 2004

Mr. Danny G. Cote, Vice President Northern Utilities Natural Gas 325 West Road Portsmouth, New Hampshire 03801

Re: Notification of partial building demolition International Marine Terminal, Portland

Dear Mr. Cote

In accordance with requirements of the City of Portland, Inspection Services Division the City of Portland, Department of Transportation, Waterfront Division is hereby providing all abutters notification of its intent to demolish a portion of the International Marine Terminal building located at 468 Commercial Street, Portland Maine.

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Assistant Facilities Manager

City of Portland, Department of Transportation

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B. Johnson, M.D.O.T.



DEPARTMENT OF TRANSPORTATION
PORTLAND INTERNATIONAL JETPORT
FACILITIES ENGINEERING DEPARTMENT
1001 WESTBROOK STREET, PORTLAND MAINE 04102

14 December 2004

Mr. Roland Merriault, V.P. Real Estate Guilford Transportation Iron Horse Park N. Billerica, Massachusetts 01862-1692

Re: Notification of partial building demolition International Marine Terminal, Portland

Dear Mr. Merriault,

In accordance with requirements of the City of Portland, Inspection Services Division the City of Portland, Department of Transportation, Waterfront Division is hereby providing all abutters notification of its intent to demolish a portion of the International Marine Terminal building located at 468 Commercial Street, Portland Maine.

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DEPARTMENT OF TRANSPORTATION
PORTLAND INTERNATIONAL JETPORT
FACILITIES ENGINEERING DEPARTMENT
1001 WESTBROOK STREET, PORTLAND MAINE 04102

14 December 2004

Mr. Bill Johnson Maine Department of Transportation P.O. Box 358 Scarborough, Maine 04070

Re: Notification of partial building demolition International Marine Terminal, Portland

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DEPARTMENT OF TRANSPORTATION
PORTLAND INTERNATIONAL JETPORT
FACILITIES ENGINEERING DEPARTMENT
1001 WESTBROOK STREET, PORTLAND MAINE 04102

14 December 2004

Mr. Angelo Ciccio Nova Seafoods 555 Commercial Street Portland, Maine 04101

Re: Notification of partial building demolition International Marine Terminal, Portland

Dear Mr. Ciccio

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