

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Permit Number: 100222

PERMIT ISSUED

Please Read
Application And
Notes, If Any,
Attached

This is to certify that TOWN & COUNTRY FEDERAL CREDIT UNION Wishara Branchhas permission to Interior Demo Phase 1

MAR 19 2010

AT 426 FOREST AVE 116 C003001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

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

Notification of inspection must be given and written permission procured before this building or part thereof is lathed or otherwise dressed-in. 24 HOUR NOTICE IS REQUIRED.

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

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 10-0222	Issue Date:	CBL: 116 C003001
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Location of Construction: 426 FOREST AVE	Owner Name: TOWN & COUNTRY FEDERAL C	Owner Address: PO BOX 9420	Phone:
Business Name:	Contractor Name: Risbara Bros Construction	Contractor Address: 197 US Route 1 Scarborough	Phone: 2078835528
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Interior	Zone: B-2b/R-5

Past Use: Office Building - <i>rental units</i>	Proposed Use: <i>Bank withdrawal</i> Office Building - Interior Demo Phase 1, tenant fit-up to be applied separately for Town & Country Credit Union	Permit Fee: \$120.00	Cost of Work: \$10,000.00	CEO District: 2
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Proposed Project Description: Interior Demo Phase 1	<p>FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i></p> <p>INSPECTION: Use Group: <i>Demo</i> Type: <i>IBC 2003</i></p> <p>Signature: _____</p> <p>Signature: _____</p> <p>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</p> <p>Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied</p> <p>Signature: _____ Date: _____</p>
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Permit Taken By: Idobson	Date Applied For: 03/09/2010	Zoning Approval
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland</p> <p><input type="checkbox"/> Wetland</p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input checked="" type="checkbox"/> Site Plan <i>09-7970013</i></p> <p>Maj <input type="checkbox"/> Minor <input checked="" type="checkbox"/> MM <input type="checkbox"/></p> <p><i>OK w/ conditions</i> Date: <i>3/10/10</i> <i>ABM</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied <i>ABM</i></p> <p>Date: _____</p>
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PERMIT ISSUED

MAR 19 2010

City of Portland

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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 10-0222	Date Applied For: 03/09/2010	CBL: 116 C003001
-----------------------	---------------------------------	---------------------

Location of Construction: 426 FOREST AVE	Owner Name: TOWN & COUNTRY FEDERAL C	Owner Address: PO BOX 9420	Phone:
Business Name:	Contractor Name: Risbara Bros Construction	Contractor Address: 197 US Route 1 Scarborough	Phone (207) 883-5528
Lessee/Buyer's Name	Phone:	Permit Type: Demolitions - Interior	

Proposed Use: Bank w/drive through - Interior Demo Phase 1, tenant fit-up to be applied separately for Town & Country Credit Union	Proposed Project Description: Interior Demo Phase 1
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Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Ann Machado **Approval Date:** 03/16/2010**Note:** **Ok to Issue:** ☒

- 1) This permit is for internal demolition only. A separate permit must be applied for to fit the space up for the new tenant.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

Dept: Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 03/19/2010**Note:** **Ok to Issue:** ☒

- 1) This is a demolition only permit. It does NOT authorize any construction activities.

Comments:

3/17/2010-amachado: The applicant has had to request permission from the planning division. Moving permit forward in system.

3/10/2010-amachado: Left vcm for Barbara. Planning Board approved the minor siteplan and conditional use for drive through. No final stamped siteplan or performance guarantees. Can we issue the internal demolition permit?

PERMIT ISSUED

MAR 19 2010

City of Portland

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.

Signature of Applicant/Designee

Date

Signature of Inspections Official

Date

PERMIT ISSUED
MAR 19 2010
City of Portland



General Building Permit Application

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: <u>426 Forest</u>		
Total Square Footage of Proposed Structure/Area		Square Footage of Lot
Tax Assessor's Chart, Block & Lot Chart# <u>116</u> Block# <u>C</u> Lot# <u>3</u>	Applicant *must be owner, Lessee or Buyer* Name <u>TOWN & COUNTRY</u> Address <u>P.O. Box 420</u> City, State & Zip <u>Portland, ME 04116</u>	Telephone:
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>10,000</u> C of O Fee: \$ Total Fee: \$ <u>120</u>
Current legal use (i.e. single family) <u>Office</u> If vacant, what was the previous use? <u>Office</u> Proposed Specific use: <u>Bank</u> Is property part of a subdivision? <u>NO</u> If yes, please name Project description: <u>INTERIOR DEMO Phase one IN PREPARATION FOR FINAL DEMOLITION</u>		
Contractor's name: <u>RESBARA BROS. CONSTRUCTION CO.</u> Address: <u>197 US RT ONE SCARBOROUGH</u> City, State & Zip <u>SCARBOROUGH MAINE 04070</u> Telephone: <u>883-5528</u> Who should we contact when the permit is ready: <u>JESS DUBSON</u> Telephone: <u>318-0939</u> Mailing address: <u>PO BOX 465 SCARBOROUGH ME.</u>		

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

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.

RECEIVED

Signature: [Signature] Date: 3/9/10 MAR - 9 2010

This is not a permit; you may not commence ANY work until the permit is issued.

Dept. of Building Inspections
City of Portland Maine

From: Penny Littell
To: Tammy Munson
Date: 3/19/2010 11:50 AM
Subject: Re: Fwd: Re: 426 Forest Ave Portland

Yes. Its a go

-----Original Message-----

From: Tammy Munson
To: Penny Littell <PL@portlandmaine.gov>

Sent: 3/19/2010 11:20:35 AM
Subject: Fwd: Re: 426 Forest Ave Portland

Town and Country Federal CU?

>>> Penny Littell 3/17/2010 6:45 AM >>>

Dear Mr. Dobson:

Provided all approvals for interior demolition have been approved by the Building Inspections Department, I am amenable to allowing such interior work to proceed at this time. However, please be advised that taking such action is at your own risk and does not imply approval for any other work until all conditions of approval have been satisfied. Please confirm your understanding of this at which time I will notify the Inspections Division to release the demolition permit.

>>> Jeff Dobson <Jeff@risbara.com> 3/16/2010 2:27 PM >>>

Penny,

Risbara Bros Construction Co. Inc. has applied for a demolition permit for 426 Forest Ave the future home of Town & Country FCU , in speaking with Phillip DiPierro in your office I understand that a demo permit can not be issued until all conditions of approval have been met. However we would like permission to do the interior non structural demolition witch would consist of removing ceilings, walls , flooring , electrical, and mechanical. This would allow us to see all structural components and more accurately complete the construction drawings. We would not do any exterior demo or change the appearance of the building in this stage of work .

Thank you,

Jeff

Jeff Dobson
Senior Commercial Estimator;
RISBARA BROS. CONSTRUCTION
207-883-5528
207-883-8075 Fax

Ann Machado - Re: 426 Forest Ave Portland

From: Lannie Dobson
To: Ann Machado
Date: 3/17/2010 8:04 AM
Subject: Re: 426 Forest Ave Portland

Ann, I didn't see you copied on this e-mail. Lannie

>>> Penny Littell 3/17/2010 6:45 AM >>>

Dear Mr. Dobson:

Provided all approvals for interior demolition have been approved by the Building Inspections Department, I am amenable to allowing such interior work to proceed at this time. However, please be advised that taking such action is at your own risk and does not imply approval for any other work until all conditions of approval have been satisfied. Please confirm your understanding of this at which time I will notify the Inspections Division to release the demolition permit.

>>> Jeff Dobson <Jeff@risbara.com> 3/16/2010 2:27 PM >>>
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Thank you,

Jeff

Jeff Dobson
Senior Commercial Estimator,
RISBARA BROS. CONSTRUCTION
207-883-5528
207-883-8075 Fax

Ann Machado - Re: 426 Forest Avenue

From: Ann Machado
To: Barbara Barhydt
Date: 3/15/2010 1:25 PM
Subject: Re: 426 Forest Avenue

Barbara -

Can we issue the internal demolition permit or not?

Thanks.

Ann

>>> Barbara Barhydt 3/10/2010 1:50 PM >>>

Hi:

Ann left a message that 426 Forest Avenue has submitted an application for internal demolition and asbestos removal. Ann wanted to know if it is okay to issue permits. She was looking for the final stamped plans and wondered about a pg. What is the current status of this project?

I know that there is a provision that allows for pre-site work if the plan is approved based upon a written request. Penny has authorized demolition work (prior to the building permit) on a couple of other projects, so we may want to recommend that the applicant submit a letter of request asking for limited pre-site work (the exact language is in the site plan ordinance).

Thanks.

Barbara

.....

131 Eight Rod Road
Augusta, Maine 04330
Phone: (207) 458 -7143
Fax: (207) 621- 8324
Email: iconenviro@aol.com

Icon Environmental Consultants

January 7, 2010

Abatement Professionals
590 County Road
Westbrook, Maine 04092
Attn: Mr. Bob Rickett

Re: 426 Forest Ave Portland, Maine

Dear Mr. Rickett:

Icon Environmental performed a Final Visual Evaluation and Clearance Air Sample Analysis at 426 Forest Avenue Portland, Maine. The boiler room thermal system insulation glove bag work was completed on January 7, 2010. Abatement Professionals removed 80 linear feet of thermal system insulation. The abatement activity was performed within a negative air enclosure by Maine DEP licensed personnel.

A total of three air samples were collected. The samples were collected by Icon Air Monitor, Craig Wilson. The evaluation was acceptable. The air samples were analyzed using the NIOSH 7400 Method. The air samples were reported below Maine DEP and EPA clearance criteria. The air test results indicate reoccupation is acceptable.

Icon Air Analysis Sheet and Final Cleaning Checklist are attached.

Please contact us at (207) 458-7143 with any questions.

Sincerely,

Craig E. Wilson

Craig E. Wilson
Air Analyst, Air Monitor
Maine DEP # AA-0016, AM-0019

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Cost Conscious Environmental Solutions

ICON ENVIRONMENTAL CONSULTANTS
131 EIGHT ROD ROAD
AUGUSTA, MAINE 04330
AIR SAMPLE ANALYSIS REPORT
207-458-7143
Iconenviro@aol.com

Client: Abatement Professionals
Town and Country Federal Credit Union
426 Forest Ave.
Portland, Maine

Date: 1/7/2010

Project: Basement 80 ln. ft.

Client Ref. Number: APC-09-418

Collected by: Craig Wilson AM-0019

SAMPLE #	LOCATION/NAME	DURATION	AVE. FLOW RATE	LITERS	FIBER COUNT	CONCENTRATION
B-1	Blank	-----	-----	-----	1/100	
C-1	Above Boiler	0805-1040	16 lpm	2480	12/100	0.002 f/cc
C-2	Right by duct	0805-1040	16 lpm	2480	15/100	0.003 f/cc
C-3	Below pipe next to pump	0804-1039	16 lpm	2480	9.5/100	0.002 f/cc
B-2	Blank	-----	-----	-----	1/100	
QA/QC						

Analyst: C. Wilson

Maine DEP #: AA-0016

Client requests disposal of samples (Yes)/No

PCM Analysis performed per NIOSH 7400 method.

Air Sample Analysis Report Rev. 6/07

Log in Date: _____

Log in Storage Date: _____

Waste Date: _____

**ICON ENVIRONMENTAL CONSULTANTS
FINAL CLEANING CHECK LIST**

DATE: 1/7/2010 TIME: 0750 LOCATION: Boiler and Duct Room

PROJECT NAME: 426 Forest Ave Portland, Maine JOB NUMBER: 09-418

CONTRACTOR: Abatement Professionals PROJECT MONITOR: C. Wilson AM-0019

FINDINGS	YES	NA*	NO*
1. Visible ACBM removed, equipment, supplies, waste.	X		
2. Required poly barriers in good condition (no tears).	X		
3. Surfaces wet wiped, substrate touched to confirm.	X		
4. Design and Notification on site.	X		
5. Negative pressure system operating at/above .02/H ₂ O	X		
6. Wall, ceiling, floor, (pipe), boiler gasket, tank, fitting visual pass?	X		
7. Does containment match design?	X		
8. Area dry for air test?	X		
9. Has Monitor signed on containment log?		X	

REMARKS *(All NO/NA responses require further explanation)

(Indicate deficiencies and locations)

80 Linear Feet Full Abatement of thermal system insulation Glove bag Method

Completion of post tear down visual Yes/(No) Pass/Fail

Quantity of Asbestos Abated: see above

Visual inspection: Passed X Failed

Air Results: Passed X Failed Date: 1/7/2010 No. of Samples 3

PROJECT SUPERINTENDENT: *Matt Quintal*

(Signature)

ICON ENVIRONMENTAL CONSULTANTS

Final Cleaning Check List Rev. 06/07 207-458-7143, iconenviro@aol.com

Abatement Professionals

590 County Road
Westbrook, Maine 04092

Project Information **Contact Robert Rickett**

Date: January 4, 2010

Start Time: 7-7:30am

Project Name: 426 Forest Ave, Portland, Maine

Client: Town and Country Federal Credit Union

Contact: David Libby

Phone: call Bob if there is an issue and I will contact David

Industrial Hygiene Firm: ICON for visual and clearance reads

Contact: Craig Wilson Phone: 458-7143

Time & Date: TBD, I have sent him an email putting him on notice of the project, but you will need to call to arrange once you have more notice of date and time.

General Contractor: none

Directions: see attached map

On Site Phone: none

Start & End Date: 3-4 days depending on crew size

Special Equipment needed: a few glove bags for rear hall work area and for some misc areas in boiler room

MISC. Information: floor material in the building came back as negative according to survey we conducted.

**Asbestos Project
Variance Request**APC-09-418
Project CodeState 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
V**Page 1 of 2
2009**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:

- ☐ 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/repared

2. Exhausting to Ambient Air is not feasible when:

- ☐ Distance too great
- ☐ Health & Safety concerns (limited egress)

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 an Inspector has determined 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:

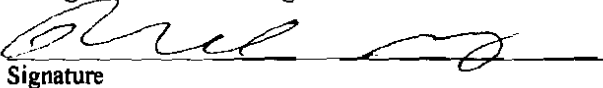
- ☒ Explain: glove bag locations

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)


Signature

Robert Rickett Jr
Print Name

Date December 29, 2009

Company Abatement Professionals Corp ME Certification Number DC-0027

Address 590 County Road, Suite 2 Certification Expiration Date 10/31/2009

City Westbrook State Maine Zip 04062

TEL 207-773-1276 FAX 207-772-1203

Asbestos 2009 Notification Form V.doc

**Asbestos Project
Variance Request**APC-09-418
Project CodeState 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****V**

Page 2 of 2

2009

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

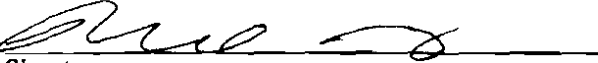
Provide written justification that presents clear & convincing evidence that the asbestos project is distinctive in some way & the proposed alternative(s) to required work practices will comply with the intent of State law & rules. Written Department approval is required prior to implementation of non-standard variance(s).

List proposed work practice alternatives

Glove bag operations in rear hallway

Reasons for Non-Standard Variance(s) (Explain in detail. You may add an attachment when necessary)

Glove bag in select work areas

Design Consultant Sign-off for Non-Standard Variance(s)
SignatureRobert Rickett Jr
Print Name

Date December 29, 2009

Company Abatement Professionals Corp ME Certification Number DC-0027

Address 590 County Road, Suite 2 Certification Expiration Date 10/31/2009

City Westbrook State Maine Zip 04062

TEL 207-773-1276 FAX 207-772-1203

MEDEP Action on Non-Standard Work Practices Variance(s) Requested☐ APPROVED ☐ DISAPPROVED (by) _____ (date) _____

WORK PLAN FOR THERMAL SYSTEM INSULATION REMOVALS

1. Establish asbestos abatement control zone.
2. Install critical barriers on doorways, windows, vents and penetrations.
3. Construct SINGLR LAYER 6-MIL poly containment covering uncontaminated walls, floors & ceilings as prescribed by law for friable asbestos use of 2 layers 4-mil poly walls and as required by chapter 425 work standards.
4. Construct contiguous 3-chamber worker/material decon unit in accordance with the DEP standards and take into consideration any work practice variances that may have been applied for and granted.
5. Install HEPA exhaust units and establish reduced pressure at -.02 inches water/barometric this will be vented to the exterior unless a variance has been applied for.
6. Post all applicable signage on containment and around the work area.
7. All workers entering the regulated work area must have the proper worker protection equipment, as required for the task at hand.
8. Conduct gross removal using wet methods and amended water properly collect and package waste in the proper leak tight container. All waste will be removed from the work area. All surfaces where asbestos material is removed will be cleaned so that no visible material is left.
9. Conduct fine cleaning/visual inspection clearance by state licensed supervisor or independent air monitor.
10. Conduct area clearance air samples according to state of Maine D.E.P. criteria for projects over 3 sq. ft./ln. Ft. Independent clearances for projects over 100 sq. ft./ln. Ft. combined.
11. Air clearance sample(s) to be analyzed by an independent laboratory/air analyst.

If E.P.A. clean air criteria of < .010 f/cc of air is achieved then dismantle the work containment.

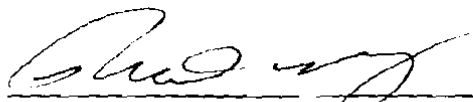
If not clean air criteria aren't achieved then you must begin at #7 again and repeat these steps until clean air criteria are achieved.



Robert Rickett
Designer DC-0027

Standard Work Plan For Glove Bag Removal

- Mobilize Site, Install barrier tape and Keep out sign to regulate work area.
- Build remote Decontamination facility, and activate with water and power.
- Install drop cloths underneath work area.
- 2 Workers enter Regulated work area with PPE
- Install glove bag over ACM fittings
- Once glove bag is installed, smoke test bag for air leaks
- Remove fittings using wet methods and HEPA filtered Vacuum
- Clean fitting and install Re- wet table cloth on raw edge of asbestos pipe if applicable.
- Remove tools from bag and turn vacuum on to remove all air from the bag. Then twist bag and tape. Once taped cut Glovebags into black asbestos bag and proceed to next work area.
- Repeat preceding steps



Robert W Rickett Jr. Designer DC-0027



**Asbestos
Project
Notification**

Proj. Code: APC-09-418
2009 Revision

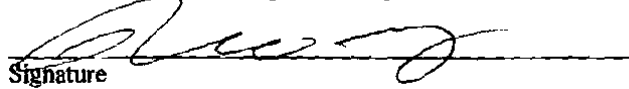
State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-6220

**FORM
N**

Page 3 of 3

19. 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 Maine DEP Chapter 425, the Asbestos Management Regulations.


Signature

Robert Rickett Jr
Print Name

Date December 29, 2009

Mailing Address 590 County Road

City Westbrook State Maine Zip 04092

TEL 207-773-1276 FAX 207-772-1203

20. 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.

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

Signature (Emergency Notification requested by)

Print Name

Date

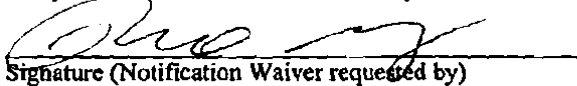
MEDEP Action on Emergency Notification

☐ **APPROVED** ☐ **DISAPPROVED** (by) _____
(date) _____

21. Notification 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).

Detailed Explanation Property has just been sold to the credit Union, this material needs to be removed, before the G/C can perform there work in the facility


Signature (Notification Waiver requested by)

Robert Rickett
Print Name

Date December 29, 2009

MEDEP Action on Notification Waiver Request

☐ **APPROVED** ☐ **DISAPPROVED** (by) _____
(date) _____

**Asbestos
Project
Notification**Proj. Code APC-09-418
2009 RevisionState 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**

Page 2 of 3

12. Asbestos (ACM) Removal**ME DEP USE ONLY**

ACM Type	Amount	Measurement	
TSI	80	SqFt	LnFt x
		SqFt	LnFt
		SqFt	LnFt
		SqFt	LnFt
		SqFt	LnFt
		SqFt	LnFt

Postmark/ FAX/ hand delivered _____

Date Received _____

Check # _____

NESHAP _____

State _____

Variance _____

13. Demolition (complete as applicable)

- ☐ Ordered demolition (structurally unsound) by State or local government (attach copy of order and name of professional engineer who determined building structurally unsound)
- ☐ All other demolitions

Demolition Dates: _____ to _____

14. Procedure Used to Detect Presence of AsbestosTesting ☐ Assumed Positive ☒ Tested PositiveMethod ☒ PLM ☐ TEMSampled By Robert Rickett
(Print Name)

Company Abatement Professionals Corp

15. Project Clearance

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

TBD

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

ICOn 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.**16. Asbestos Abatement Methods (check all that apply & submit variance request (Form V) if required)**

- ☐ Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors
- ☒ Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors
- ☐ Regulated area with Exclusion zone
- ☐ Multiple non-contiguous glovebags (variance required)
- ☒ Contiguous glovebags less than 30 Ln/ft (variance required)
- ☐ Wrap & cut- TSI in good condition (no containment)(variance required)
- ☐ Wrap & cut- TSI not in good condition (containment required)
- ☐ Flooring by mechanical equipment/ice scrapers/pry bars
- ☐ Intact flooring demo by heavy equipment
- ☐ Adhesive by grinding or bead blasting
- ☐ Enclosure
- ☐ Encapsulation
- ☐ Roofing removal by mechanical saws/cutters
- ☐ Other (specify) _____

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

Name Minerva Enterprises, LLC

Address 9000 Minerva Road

City _Waynesburg State Ohio Zip 44688

Contact Frank Stuffano

TEL 330-866-3435 FAX 330-866-3488

18. Disposal Site

Name Minerva Enterprises, LLC

Address 9000 Minerva Road

City _waynesburg State Ohio Zip 44688

Contact Frank Stuffano

TEL 330-866-3435 FAX 330-866-3488

**Asbestos Project
Variance Request**APC-09-418
Project CodeState 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
V**

Page 2 of 2

2009

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


Provide written justification that presents clear & convincing evidence that the asbestos project is distinctive in some way & the proposed alternative(s) to required work practices will comply with the intent of State law & rules. Written Department approval is required prior to implementation of non-standard variance(s).

List proposed work practice alternatives

Glove bag operations in rear hallway

Reasons for Non-Standard Variance(s) (Explain in detail. You may add an attachment when necessary)

Glove bag in select work areas

Design Consultant Sign-off for Non-Standard Variance(s)
SignatureRobert Rickett Jr
Print Name

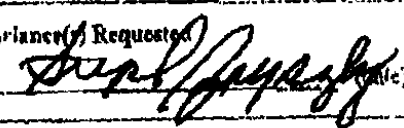
Date December 29, 2009

Company Abatement Professionals Corp ME Certification Number DC-0027

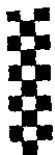
Address 590 County Road, Suite 2 Certification Expiration Date 10/31/2009

City Westbrook State Maine Zip 04002

TEL 207-773-1276 FAX 207-772-1203

MEDEP Action on Non-Standard Work Practices Variance(s) Requested☒ **APPROVED** ☐ **DISAPPROVED** (by)  (date) 12/29/09

SFL



DEC 29 2009 9:27AM

ASBESTOS ABATEMENT PROFESSIONALS

NO 7569 E. 3

**Asbestos
Project
Notification**

Proj. Code: APC-09-413

2009 Revision

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) 287-0320

**FORM
N**

Page 3 of 3

19. 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 Maine DEP Chapter 425, the Asbestos Management Regulations.

Signature

Robert Rickett Jr
Print Name

Date December 29, 2009

Mailing Address 590 County Road

City Westbrook State Maine Zip 04092

TEL 207-773-1276 FAX 207-772-1203

20. 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.

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

Signature (Emergency Notification requested by)

Print Name

Date

MEDEP Action on Emergency Notification☐ **APPROVED** ☐ **DISAPPROVED** (by) _____

(date) _____

21. Notification 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).

Detailed Explanation Property has just been sold to the credit Union, this material needs to be removed, before the C/C can perform there work in the facility

Signature (Notification Waiver requested by)

Robert Rickett
Print Name

Date December 29, 2009

MEDEP Action on Notification Waiver Request☒ **APPROVED** ☐ **DISAPPROVED** (by) Steph Rickett 12/29/09

(date) _____

SFZ

* * * Communication Result Report (Dec. 29. 2009 9:28AM) * * *

1) ABATEMENT PROFESSIONALS
2)

Date/Time: Dec. 29. 2009 9:25AM

File	No. Mode	Destination	Pg(s)	Result	Page Not Sent
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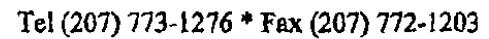
Reason for error

E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 2) Busy
E. 4) No facsimile connection

Asbestos Project Notification		State of Maine Department of Environmental Protection Lead & Asbestos Remediation Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-0601 FAX (207) 287-0210		FORM N Page 1 of 3
Important Notice: The notification contractor must send a complete notification including any applicable fee which is postmarked at least 90 calendar days or specified 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 ABC-00-118 (Assigned by notification contractor) * See definition of project at Chapter 425.1-CCC	2. Type of Notification <input checked="" type="checkbox"/> Standard (S) <input type="checkbox"/> Facility O&M (Annual) <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Courtesy (Not Regulated)	3. Type of Activity <input type="checkbox"/> Demolition (D) <input checked="" type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair	4. Fees/Status (Check all that apply) <input type="checkbox"/> Non-Standard (NS) <input type="checkbox"/> Standard (S) <input checked="" type="checkbox"/> Notification Waiver (30 day)	
5. Asbestos Contractor Name: Abatement Professionals Corp Address: 590 County Road, Suite 1 City: Westbrook State: Maine Zip: 04092 Contact: Robert Rickert Sr. TEL: 207-773-1276 FAX: 207-772-1282		6. Facility Owner Name: Town and Country Federal Credit Union Mailing Address: P.O. Box 9400 City: South Portland State: Maine Zip: 04116 Contact: David Lacey TEL: 207-833-5001 FAX:		
7. Facility Location (Where removal is to take place) BLDG Name: 436 Forest Ave Floor/room: 2nd Floor Physical Address: 436 Forest Ave City: Portland State: Maine Zip: 04101		8. Facility Description Present Use: Vacant Prior Use: Commercial space BLDG Name: 436 Forest BLDG Age:		
9. Notification Fee (Estimated fee) <input type="checkbox"/> \$100.00 - ACM amount 100 SgPV100 Lb/ft to less than 200 SgPV2,100 Lb/ft. <input type="checkbox"/> \$150.00 - ACM amount 200 SgPV2,100 Lb/ft or greater and less than 1,000 SgPV5,000 Lb/ft. <input type="checkbox"/> \$300.00 - ACM amount 1,000 SgPV5,000 Lb/ft or greater <input type="checkbox"/> Not Regulated or Not Included (Complete Block (RA))		10. Notification Fee Not Included <input type="checkbox"/> Single facility home occupation <input checked="" type="checkbox"/> ACM amount less than 100 SgPV100 Lb/ft <input type="checkbox"/> Fees paid quarterly (Non-Schedule O&M only) <input type="checkbox"/> BOD exemption		11. Project Work Hours 7 AM to 3:30 PM (Show actual hours) Weekdays (Check all that apply) <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> T <input type="checkbox"/> F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun
12. Scheduled Dates for Asbestos Project Project Start Date (mm/dd/yyyy): January 4, 2010 Project Completion Date: January 7, 2010 ACM Removal Dates (from): January 5, 2010 (to): January 6, 2010				

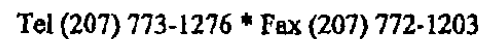
Asbestos Project Notification 2009 Revision	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-6220	FORM N Page 1 of 3
Important Notice: The notification submitter must send a complete 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 APC-09-418 (Assigned by notification submitter) *See definition of project at Chapter 425.1.CCC	2. Type of Notification <input checked="" type="checkbox"/> Standard (O) <input type="checkbox"/> Facility O&M (Annual) <input type="checkbox"/> Emergency (E) <input type="checkbox"/> Courtesy (Not Regulated)	3. Type of Activity <input type="checkbox"/> Demolition (D) <input checked="" type="checkbox"/> Renovation (R) <input type="checkbox"/> Repair
4. Variances (Check all that apply) <input type="checkbox"/> Non-Standard (NS) <input type="checkbox"/> Standard (S) <input checked="" type="checkbox"/> Notification Waiver (10 day)		
5. Asbestos Contractor Name Abatement Professionals Corp Address 590 County Road, Suite 2 City Westbrook State Maine Zip 04092 Contact Robert Rickett Jr TEL 207-773-1276 FAX 207-772-1203		6. Facility Owner Name Town and Country Federal Credit Union Mailing Address P.O. Box 9420 City South Portland State Maine Zip 04116 Contact David Libby TEL 207-553-5301 FAX
7. Facility Location (Where removal is to take place) BLDG Name 426 Forest Ave Floor and/or Rm.# Boiler room and rear hall Physical Address 426 Forest Ave City Portland State Maine Zip 04101		8. Facility Description Present Use Vacant Prior Use Commerical space BLDG Size No. Floors BLDG Age
9. Notification Fees (Required fees must accompany notification) <input type="checkbox"/> \$100.00 = ACM amounts 100 SqFt/100 LnFt to less than 500 SqFt/2,500 LnFt. <input type="checkbox"/> \$150.00 = ACM amounts 500 SqFt/2,500 LnFt or greater and less than 1,000 SqFt/5,000 LnFt <input type="checkbox"/> \$300.00 = ACM amounts 1,000 SqFt/5,000 LnFt or greater <input type="checkbox"/> Not Required or Not Included (Complete Block #9A)	9A. Notification Fee Not Included <input type="checkbox"/> Single family home exemption <input checked="" type="checkbox"/> ACM amount less than 100 SqFt/100 LnFt <input type="checkbox"/> Fees paid quarterly (Non-Scheduled O&M only) <input type="checkbox"/> BGS exemption	
10. Project Work Hours 7 AM to 3:30 PM (Show actual hours) Weekdays (Check all that apply) <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> T <input type="checkbox"/> F Weekend (Check all that apply) <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
11. Scheduled Dates for Asbestos Project Project Start Date (mm/dd/yy) January 4, 2010 Project Completion Date January 7, 2010 ACM Removal Dates (from) January 5, 2010 (to) January 6, 2010		



Project Name/Number: 09-418 Date: Jan 5 2000

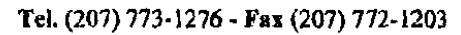
Signature:

Company: Abatement Professionals



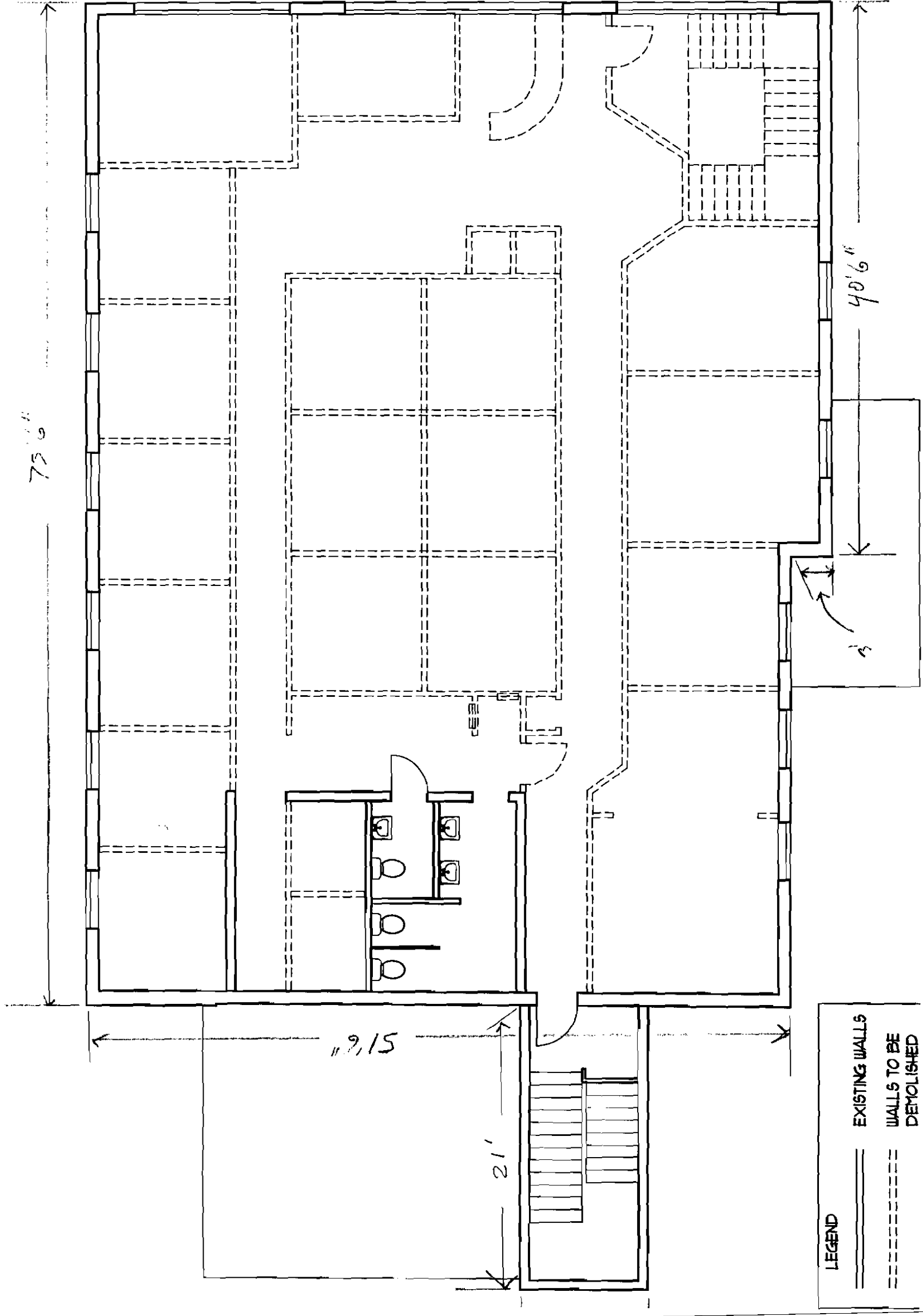
Project Name/Number: 09-418 Date: Jan 6 2010

Signature: Matthe Amis Company: Abatement Professionals



Company: Abatement Professionals

4/06



4401

