Form # P 04	DISPLAY	THIS	CARD	ON	PRINCIPAL	FRONT	FAGE O	F WOR	K
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This is to certif	ly that	& COUN	FRY FEDER	- CR	ED Risba	ara B			
has permission AT <u>426 FOR</u>	TOInterior	Demo Pha	ise 1			C 116	MAR	19 2010	
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	Deparment Name		PENALT	Y FOI	R REMOVING T	'HIS CARI		duña a usharaou 2 0	

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389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 10-0222 116 C003001 Location of Construction: Owner Name: Owner Address: Phone: 426 FOREST AVE TOWN & COUNTRY FEDERAL C PO BOX 9420 Phone: Business Name: Contractor Name: Contractor Address: Phone Risbara Bros Construction 197 US Route 1 Scarborough 2078835528 Lessee/Buyer's Name Phone: Demolitions - Interior Zone: Past Use: Proposed Use: Vidiox H - 1 Permit Fee: Cost of Work: CEO District:	Lity of Portland.	Maine - Bu	ilding or Use 1	Permit Application	1 Per	rmit No:	Issue Date:	CE	BL:	
426 FOREST AVE TOWN & COUNTRY FEDERAL C PO BOX 9420 Basiness Name: Contractor Manse: Risbara Bros Construction 1971 US Route 1 Scarborough 2078835528 Castee/Boyer's Name Proper JUS: Permit Type: 2078835528 Past Use: Proper JUS: Advanted Scarborough 2078835528 Past Use: Proper JUS: Advanted Scarborough 2078835528 Past Use: Proper JUS: Advanted Scarborough 2078835528 Past Use: Demoid/lons - Interior Statutor 2018 Proper JUS: Advanted Scarborough Statutor Statutor Proper JUS: Advanted Scarborough Statutor Town & Country Proper JUS: Proper JUS: Advanted Scarborough Statutor Proper JUS: Proper JUS: Statutor Date Application Scarborough INSPECTION: Signature: Date Statutor Statutor Date: Date: Proper JUS: Date Applied For: Statutor Statutor Statutor Date: Interior Demo Phase 1 Date Applied For: Statutor Coning Approved More Classing Applied For:	•		v			10-0222			16 <u>C</u> 00	3001
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Risbara Bros Construction 197 US Route 1 Scarborough 2078835528 Casee/Buyer's Name Phose: Demolitions - Interior Zone: Demolitions - Interior Part Use: Office Building - / (A) (a) h-A Proposed Use: Automating - Interior Demo Phase 1, tenant fit-up to be applied Separately for Town & Country Credit Union Permit Test: S120.00 S10,000.00 2 Proposed Project Description: Interior Demo Phase 1 Project Description: Interior Demo Phase 1 Image: Description: Signature: Image: Description: Signature: Signature: Signature: Signature: Detect Permit Taken By: Idobson 03/09/2010 Special Zone or Reviews Zoning Approval Illutoric Preservation (Signature: Not in District or Landma (Sone and Federal Rules. 2. Building permits application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Special Zone or Reviews Zoning Append Illutoric Preservation (Sone and Conditional Use) Does Not Require Review 2. 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. State Plan D9-779 apol3 Maj More of MMaj Denicd Approved MAR Approved Mage: 21/21/21/21 WAR 19 2010 Maret 19 2010 Matet 2010 Ma	426 FOREST AVE		TOWN & CO	UNTRY FEDERAL C	PO E	3OX 9420				
Lessee/Buyer's Name Phone: Permit Type: Demoditions - Interior Zone: Past Use: Office Building - / (al c) hA Proposed Use: Adv / (al c) hA Permit Taken By: Demoditions - Interior Demoditions - Interior Permit Taken By: Date Applied For: Office Building Permit Review Signature: Permit Taken By: Date Appled For: Date Approved INSPECTION: 1 This permit application does not preclude the Applicatics) from meeting applicable State and Federal Rules. Special Zone or Reviews Zoning Approval 2. Building permits are void if work is not started within six (of) monts of the date of fissuance. Special Zone Conditional Use Requires Review PERMIT ISSUED State Plan Gradual and stop all work. Subdivision Interport Approved Approved w/Conditional Use WAR 19 2010 MAR 19 2010 MAR 19 2010 MAR Denicd MAR	Business Name:		Contractor Name		Contra	actor Address:		Phe	one	
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	.	IAR 19 20	0							

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.

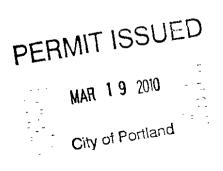
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

•	e - Building or Use Permit 1 Tel: (207) 874-8703, Fax: (20)7) 874-8716	Permit No: 10-0222	Date Applied For: 03/09/2010	CBL: 116 C003001	
Location of Construction:	Owner Name:		Owner Address:		Phone:	
426 FOREST AVE	TOWN & COUNTRY F	EDERAL C	PO BOX 9420			
Business Name:	Contractor Name:		Contractor Address:		Phone	
	Risbara Bros Constructio	n	197 US Route 1 S	carborough	(207) 883-5528	
Lessee/Buyer's Name	Phone:		Permit Type:			
			Demolitions - Int	erior		
Proposed Use:		Propose	d Project Description	<u> </u>		
Dept: Zoning S	tatus: Approved with Conditions	Reviewer	Ann Machado	Approval [Date: 03/16/2010	
Note:					Ok to Issue:	
1) This permit is for interna	l demolition only. A separte permit	t must be appl	ied for to fit the sp	ace up for the new to	enant.	
 This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. 						
Dept: Building S	tatus: Approved with Conditions	Reviewer	Tammy Munson	Approval I	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?



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 <u>DO</u> 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

Signature of Inspections Official

Date

Date

PERMIT ISSUED MAR 19 2010 City of Portland

CBL: 116 C003001

Building Permit #: 10-0222



General Building Permit Application

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

Location/Address of Construction: 426 Foret						
Total Square Footage of Proposed Structure/A	rea Square Footage of Lot					
Tax Assessor's Chart, Block & Lot Applicant * must be owner, Lessee or Buyer* Telephone: Chart# Block# Lot# Name I Own & Country Telephone: // 0 C 3 Name I Own & Country Address City, State & Zip S Porthurd, ME O Y/14 O O						
Lessee/DBA (If Applicable) Owner (if different from Applicant) Cost Of Work: \$_// 000						
	Address City, State & Zip	C of O Fee: \$ Total Fee: \$ _26 ·				
Current legal use (i.e. single family) If vacant, what was the previous use? Proposed Specific use:	2	·				
Is property part of a subdivision? <u>NO</u> If yes, please name <u>Project description</u> : Froject description: Froten, oil Demo thusse one IN Propenation I on F. MAL DAMM Mg 3						
Contractor's name: <u>RESBURG</u> BROS, CONSTRUCTION CO,						
Address: 19705 RT One SCAPBonových						
City, State & Zip_ <u>SCAP Borough</u> MIHRILE 04070 Telephone: <u>883-5528</u>						
Who should we contact when the permit is read	y: <u>16.55 DobSon</u> Te	elephone: <u>3/8-0979</u>				
Mailing address: Ra Box 445 SCARBorrough M.C.						

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 Off authorized representative shall have the authority to enter all areas covered by this permit at any reasonable ho пf provisions of the codes applicable to this permit.

MAH - 9 2010 Signature: Date: 10 is is not a permit; you may not commence ANY work until the permit is issue of Building Inspections

City of Portland Maine

From:Penny LittellTo:Tammy MunsonDate:3/19/2010 11:50 AMSubject: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 DobsonTo:Ann MachadoDate:3/17/2010 8:04 AMSubject: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 <u>interior demolition</u> 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 Avenue

From:	Ann Machado
То:	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

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

Client Ref. Number: APC-09-418

Date: 1/7/2010

Town and Country Federal Credit Union 426 Forest Ave. Portland, Maine

Project: Basement 80 In. ft.

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						
L	_	↓ ↓	<u>-</u>	<u></u>	\ 	
L	 	 		<u> </u>		
1		{	}	1		

Analyst: C. Wilson Client requests disposal of samples (Yes)/No PCM Analysis performed per NIOSH 7400 method. Log in Date:_____ Log in Storage Date:_____ Maine DEP #: AA-0016

Air Sample Analysis Report Rev. 6/07 Waste Date:_____

ICON ENVIRONMENTAL CONSULTANTS FINAL CLEANING CHECK LIST

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

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: <u>see above</u>

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: <u>none</u> 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 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) 287-6220	FORM V Page 1 of 2			
		2009			
Stanuaru variance	(s) Requested by Maine Certified Asbestos Design	Consultant			
	ment approval is not required prior to implementation. Standard variance: le conditions shall not be implemented until 5 days after the variance is re ed by the Department.				
1. Wetting ACM (during removal	phase only) is not required when:				
Temperature inside regulated are	a below 32°F & heating not feasible nor practical				
Electrical conditions exist that we	ould create shock/electrocution hazard				
Operational high-pressure steam	lines are being abated/repaired				
2. Exhausting to Ambient Air is not feasible when:					
Distance too great Health & Safety concerns (limited egress)					
3. Aggressive Air Clearances in di	rt 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)					
Robert Rickett Jr					
Signature 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	State of Maine	FORM
Variance Request	Department of Environmental Protection	X 7
v ununee Request	Lead & Asbestos Hazard Prevention Program	-
APC-09-418	17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-6220	Page 2 of 2
Project Code	TEL (207) 267-2031 FAX (207) 267-0220	_
		2009
Non-Standard Variance	e(s) Requested by Maine Certified Asbestos Des	ign Consultant
	ts clear & convincing evidence that the asbestos project is distinctive in k practices will comply with the intent of State law & rules. Written D a-standard variance(s).	
List proposed work practice alternat	ives	
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)	
and -	Robert Rickett Jr	
Signature	Print Name	
Date December 29, 2009		
Company Abatement Professionals Co	rp ME Certification Number DC-0027	
Address 590 County Road, Suite 2	Certification Expiration Date 10/31/2009	
City Westbrook State Maine Zi	-	
TEL 207-773-1276 FAX 207-772-	•	
MEDEP Action on Non-Standard We	ork Practices Variance(s) Requested	
APPROVED DISAPP	ROVED (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 were 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.
- 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.

du y

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

-au

Robert W Rickett Jr. Designer DC-0027



Maine Department of Environmental Protection

Lead & Asbestos Hazard Prevention Program 17 State House Station Augusta, ME 04333-0017 Tel (207) 287-2651 FAX (207) 287-7826



Notice of Inspection

date: 1-5-10 time: 1:3	i p.m. dat	ly sequence # 2	inspection code #
abatement/general/demo contractor name & address: AIP Warthan ME	owner/agent Torm	name & address: County F	Evil Gulitchin
Facility/site incation: 426 Format com Portland Ma	1 °	specior name & uddress In fr	
reason for inspection:	inspection type:		inspection results:
Targeted by NAIS Compliance Assistance Targeted Lead Cor-cause	□ Asbestos □ Lead		 Violations (Sce Below) No Violations
Oriste my actue but halt enging contribin place all grande or inte	1		
	AS-	1442	
sample opernumber collected: MA			
The inspection and/or samples collected described above were done in co Regulations and/or Chapter 424, Lead Management Regulations. By sign form is t		ent acknowledges receip	
recipient signature (owner Pent/contractor agen/inspector) recip	ient printed name A M M	A • ,	recipient title
consultant signature consu	IN HALL (ultant printed name	Justal	consultant title
DEP inspector signature	DEP inspecto	r printed name)

H: VRWMSolid Waste Division/Lead & Ashestos/Inspections/Notice of Inspection Rev 1.dot

Asbestos	_	State of Maine	FORM
Project	-	of Environmental Protection tos Hazard Prevention Program	N
Notification		e Station, Augusta, ME 04333	14
Proj. Code: APC-09-418		287-2651 FAX (207) 287-6220	Page 3 of 3
2009 Revision	an Only interest had		l
19. Certification (Notificati	• *		
	tor will be/has been contracted	i contained in this notification is true and acc d to implement work practices as required by	
Signature	<u> </u>	Robert Rickett Jr Print Name	
~		1 FRIT LAGRAGE	
Date December 29, 2009			
Mailing Address 590 County			
City Westbrook State	-		
TEL 207-773-1276	FAX 207-772-1203		
20. Emergency Notification	(oral notification must be made	within 1 working day of the emergency)	
necessitated by a sudden, une personnel pursuant to duties v	xpected event such as non-routi	s requested for an <u>emergency</u> asbestos removal p ne failures of equipment or by actions of fire an Written emergency notification must be received cy.	d emergency medical
Detailed Explanation (In	nclude the date and hour	on which the emergency occurred)	
Signature (Emergency Notific	ation requested by)	Print Name	
Date			
MEDEP Action on Emerger	ky Notification		
APPROVED (date)	DISAPPROVED (by)		
(date)			
21. Notification Waiver Red	uest (must be received by MEI	DEP at least 24 hours prior to the start of the pro	ject)
predicted the event & other ne discovering additional asbesto (e.g., within a wall cavity or p	otification procedures would no os-containing material during a	s requested when reasonable planning & foresign t suffice to protect public health & the environm renovation or demolition for which an asbestos i threat exists or will develop (e.g. clean up follo lated piping/valves failure).	ent. Examples include inspection was conducted
Detailed Explanation P can perform there work in t		the credit Union, this material needs to be ren	noved, before the G/C
ano,	X	Robert Rickett	
Signature (Notification Waive	er requested by)	Print Name	
Date December 29, 2009			
MEDEP Action on Notificat	ion Waiver Request		
APPROVED	DISAPPROVED (by)		
	·····		

Asbestos	State of Maine FORM						
Project	Department of Environmental Protection Lead & Asbestos Hazard Prevention Program						
Notification	17 State House Station, Augusta, ME 04333						
Proj. Code APC-09-418 2009 Revision							Page 2 of 3
12. Asbestos (ACM) Remo	val	<u></u>			<u> </u>	ME	DEP USE ONLY
АСМ Туре		Amount		Measu	rement	Postmark/ FAX/ hand deliver	
TSI		80	SqFt	Ĩ	LoFt x		
		<u> </u>	SqFt	1	nFt	Date Red	eived
<u></u>		<u></u>	SqFt	Ī	LnFt	Check #	<u> </u>
			SqFt	 I	nFt	NESHAI	P
			SqFt	ī	LnFt	- State _	
			SqFt	ſ	Inft	Variance	
13. Demolition (complete	e as applicable)		<u>L</u>	<u> </u>			
All other demolitions Demolition Dates:	to						
14. Procedure Used to Dete	ect Presence of Ask	bestos	15. Project Clearance				
Testing 🔲 Assumed Pe	ositive 🛛 Test	ed Positive	Visual evaluation by: (Air Monitor (if known) and Company)				
Method 🖾 PLM 🗌 TEM T							
Sampled By Robert Rickett (Print Name)			Air Clearance by: (Air Monitor (if known) and Company)				
Company Abaatement Professionals Corp			ICOn Ei	nvironm	ental		
Note: Whenever building	g materials are ass sbestos abatement						orms must be at the
16. Asbestos Abatement M	ethods (check all th	at apply & submit	variance r	request (Form V) if re	quired)	
Regulated area with contact	ainment consisting	of 2-layers 4 mil p	oly on wai	ls & cei	ling & 2 layer	s 6 mil poły o	n floors
Regulated area with conta	ainment consisting	of 1-layer 6 mil po	ly on walls	s & ceili	ing & 2 layers	6 mil poly or	1 floors
Regulated area with Exclusion zone			Intact flooring demo by heavy equipment				
Multiple non-contiguous glovebags (variance required)			Adhesive by grinding or bead blasting				
🛛 Contiguous glovebags les	ss than 30 Ln/ft (var	riance required)	Enclosure				
Wrap & cut-TSI in good condition (no containment)(variance r			required) Encapsulation				
Wrap & cut- TSI not in good condition (containment required)			· · · ·				
Flooring by mechanical e	equipment/ice scrap	ers/pry bars			Other (specif	ý)	
17. Waste Transporter (Mu Hazardous Waste Transpor		ensed Non-	18. Disj	-			
Name Minerva Enterprises	s, LLC		Name Address		va Enterprises Ainerus Road	, GLU	
Address 9000 Minerva Road			1		finerva Road	Ohia 71-	****
City _Waynesburg Stat	te Ohio Zip 4468	8	City _waynesburg State Ohio Zip 44688 Contact Frank Stuffano				44000
Contact Frank Stuffano	-		TEL			¥ 330-844-24	18.8
TEL 330-866-3435 FA						100	

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Asbestos Project	State of Maule	FORM
Variance Request	Department of Environmental Protection	- V
	Lead & Asbestus Hazard Prevention Program	, V
APC-09-418	17 State House Station, Augusta, ME 04333	Page 2 of 2
Projent Code	IEL (207) 287-2651 FAX (207) 287-6720	1 -
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Non-Standard Variance	(s) Requested by Maine Certified Asbestos Desi	gn Consultant
	is clear & convincing evidence that the askestos project is distinctive in practices will comply with the intent of State law & rules. Written De- -standard variance(s).	
List proposed work practice sitemati	YES	
Glove bag operations in rear hallway		
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Ressons for Non-Standard Variance	s) (Explain in detail. You may add an attachment when necessary)	
Chove beg in select work areas		
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Design Consultant Sign-011 101	Non-Standard Variance(s)	
Consultant Sign-on 10	Robert Rickett Jr	
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Bignature	Robert Rickett Jr	
Bignature Date December 29, 2009	Robert Rickett Jr Prin: Name	
Signature Bale Decomber 29, 2009 Company Abetement Professionals Con	Print Name Print Name DC-0027	
Signature Bale Decomber 29, 2009 Company Abetement Professionals Con	Robert Rickett Jr Prin: Name	
Signature Bale Decomber 29, 2009 Company Abetement Professionals Con	Prin: Name Prin: Name ME Contification Number DC-0027 Certification Expiration Date 10/31/2009	
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Signature Signature Date Decomber 29, 2009 Company Abstement Professionals Con Address 590 County Road, Suite 2 Chy Westbrook State Maine 20 TEL 207-773-1276 FAX 207-772-3	Print Name Print Name ME Costification Number DC-0027 Certification Expiration Date 10/33/2039 p 04002 1203	
Signature Signature Date Decomber 29, 2009 Company Abstement Professionals Con Address 590 County Road, Suite 2 Chy Westbrook State Maine 20	Robert Rickett Jr Prin: Name P ME Contification Number DC-0027 Certification Expiration Date 10/31/2039 p 04602 1203 wh Practices Variance(/ Requested)	the lac
Signature Signature Date Decomber 29, 2009 Company Abstement Professionals Con Address 590 County Road, Suite 2 Chy Westbrook State Maine 20 TEL 207-773-1276 FAX 207-772-5	Robert Rickett Jr Prin: Name P ME Castification Number DC-6027 Certification Expiration Date 10/31/2009 p 04602 1203 hth Practices Variance(r) Requested	129/09
Signature Signature Date Decomber 29, 2009 Company Abstement Professionals Con Address 590 County Road, Suite 2 City Westbrook State Maine 20 TEL 207-773-1276 FAX 207-772-1 MEDRP Action on Non-Stendard Wo	Robert Rickett Jr Prin: Name P ME Contification Number DC-0027 Certification Expiration Date 10/31/2039 p 04602 1203 wh Practices Variance(/ Requested)	129/09
Signature Signature Date Decomber 29, 2009 Company Abstement Professionals Con Address 590 County Road, Suite 2 City Westbrook State Maine 20 TEL 207-773-1276 FAX 207-772-1 MEDRP Action on Non-Stendard Wo	Robert Rickett Jr Prin: Name P ME Contification Number DC-0027 Certification Expiration Date 10/31/2039 p 04602 1203 wh Practices Variance(/ Requested)	1/24/09
Signature Signature Date Decomber 29, 2009 Company Abstement Professionals Con Address 590 County Road, Suite 2 City Westbrook State Maine 20 TEL 207-773-1276 FAX 207-772-1 MEDRP Action on Non-Stendard Wo	Robert Rickett Jr Prin: Name P ME Contification Number DC-0027 Certification Expiration Date 10/31/2039 p 04602 1203 wh Practices Variance(/ Requested)	124/09

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Asbestos		f Environmental Protection	FOR
Project		B Hazard Prevention Program	N
Notification		Station, Augusta, MS 04333	
Proj. Codo: APC-09-413 2009 Revision	TEL (207) 28	7-2651 FAX (197)287-0320	Page 3 of
19. Certification (Notification	n Submitted by)		
asbestos abatement contract 425, the Asbestos Managesto	as will befus been contracted t	contained in this autification is true an to implement work practices as requir Robert Rickett Jr	
Signature	\mathcal{O}	Print Name	
Dats December 29, 2009			
Mailing Address 590 County	Road		
City Westbrook Since y	laine Zip 04092		
TEL 207-773-1276	FAX 207-772-1263		
20. Emersency Notification	oral notification must be made v	vithin 1 working day of the emergency)	₩ ²
soon as possible, but no later th	nen 72 hours after the emergency	inen emergency cotification must be rec n which the emergency occurre	
		and the second s	
Signature (Emergency Notifice	wion reasoned by	Print Name	
	and engineering of the second s		
Ua(e			
	T Natification		
MEDEP Action on Emergen	TNaillieation		
MEDEP Action on Emerges	DISAPPROVED (by)	3P at loast 24 luxurs prior to the start of d	
MEDEP Action on Emerges APPROVED (date) 21. Notification Waiver Req Complete when a waiver to the predicted the event & other no discovering additional asbesto (o g., within a wall cavity or p episode), or unforesceable circ	DISAPPROVED (by) usst (must be received by MEDi setaudard notification period is a tification procedures would not a s-containing insterial curing a ro nombing chase), a public health il sumstance (c.g., boiler & association	equested when a essemble planning & to uffice to proteet public heelth & the any novation or demolition for which an ast- breat exists or will develop (a.g. clean of ted piping/valves failure).	resigni could not have maanen". Exemples includ nos inspection was conduc following a fiber release
MEDEP Action on Emergea APPROVED	DISAPPROVED (by) usst (must be received by MED) a etaudard notifloation period is a tification procedures would not a secontaining material during a ro iomorng chase), a public health il sumstance (c.g., boiler & associa roperty has just base sold to th	equested when ressonable planning & fo uffice to protect public health & the any novation or demonstrion for which an act- press exists or will develop (a.g. clean of heat exists or will develop (a.g. clean of heat piping/valves followe). e credit Union, this material needs to b	resigni could not have maanen". Exemples includ nos inspection was conduc following a fiber release
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(date) 21. Notification Waiver Req Complete when a waiver to the predicted the event & other no discovering additional arbesto (o g., within a wall cavity or p episode), or unforesceable circ Detailed Explanation P can perform there work in a	DISAPPROVED (by) usst (must be received by MED) a eraudard notification period is a titication procedures would not a s-containing material during a ro iombing chase), a public health il sumstance (c.g., boiler & associar roperty has just been sold to th he facility	equested when a essemble planning & fo uffice to protect public heelth & the any novation or demolition for which an ach- preat exists or will develop (a.g. clean of head piping/valves followe). e credit Union, this material needs to i Robert Rickett	resigni could not have maanen". Exemples includ nos inspection was conduc following a fiber release

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

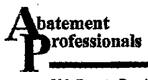
1) ABATEMENT PROFESSIONALS

Date/Time: Dec. 29. 2009	9:25AM					
File No. Mode	Destination			Pg (s)	Result	Page Not Sent
7569 Memory TX	DEP			P. 6	OK	
Reason for error E. 1) Hang u E. 3) No ans E. 5) Exceed	o or line fail wer ed max. E-mail siz Anbestos Project Notification		i Maina anananiai Protecti ad Parvastion Pro n. Angusta, MB O	333	connection FORM N	
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	 Advante Contrinstor Hence Advantes Contrinstor Hence Advantes Treibudenik Clay Actives 350 County Read, Salo 3 CityWeitwood Sala Salos 1 Contact Advant National Salos 1 TRL 202-275-1278 BAX 202-7 The Data Contact Sala Salos 1 The Data Salos 1<td>p bi Zą 64692 C 72-1281 T</td><td>failing Address 7.0.1</td><td>i aus-kuin 2ip 0(1)á Vax Deutigilos</td><td></td><td></td>	p bi Zą 64692 C 72-1281 T	failing Address 7.0.1	i aus-kuin 2ip 0(1)á Vax Deutigilos		
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	55. Beindening Balan fize Anbungs Pro Projent Mant Data (analikity) – Anom ACM Record Datas (Bang) – Jammy ;	ny 4, 2010 - Project Completion I]	

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	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 Pa tification submitter must send a complete notification including any applicable fee which is posta rever by the Department at least 5 working days prior to the start of an asbestos abatement projete						
	 ten or easily legible. An incomplete not 2. Type of Notification Standard (O) Facility O&M (Annual) Emergency (E) 		3. Type of Activity Demolition (D) Renovation (R) Repair		 erefore not of res 4. Variances (Check all Non-Stand Standard (Standard (Standar	cord. that apply) ard (NS) S)	
Asbestos Contractor Name Abatement Professionals Corp Address 590 County Road, Suite 2			Notification Waiver (10 day) S. Facility Owner Name Town and Country Federal Credit Union Mailing Address P.O. Box 9420				
City Westbrook State Maine Zip 04092 Contact Robert Rickett Jr TEL 207-773-1276 FAX 207-772-1203			City South Portland State Maine Zip 04116 Contact David Libby TEL 207-553-5301 FAX 8. Facility Description			04116	
 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 			Present Use Vacant Prior Use Commerical space BLDG Size No. Floors BLDG Age				
 9. Notification Fees (Required or Not Inc.) 9. Notification Fees (Required or Not Inc.) 9. Notification Fees (Required or Not Inc.) 9. \$100.00 = ACM amount SqFt/2,500 LnFt or greater at 1,000 SqFt/5,000 LnFt 1. \$300.00 = ACM amount SqFt/5,000 LnFt or greater 	accompany notification Image: Single family home 00 = ACM amounts 100 Image: Single family home Image: Line family home Image: Single family home Image: Line family home			1 ed n qFV100	10. Proj 7 AM to Weekday	ect Work Hour 3:30 PM (Show ys (Check all tha T X W X i (Check all that C Sun	v actual hours) t apply) T 🔲 F
(Complete Block #9A) 11. Scheduled Dates for As Project Start Date (mm/dd/yy ACM Removal Dates (from)	() January 4,	2010 Project Completi		Janua January (ry 7, 2010 5, 2010		



590 County Road, Suite 2, Westbrook ME 04092

Tel (207) 773-1276 * Fax (207) 772-1203

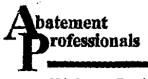
PROJECT LOG-CHRONOLOGICAL LIST OF EVENTS

Project Name/Number: 09-4/8 Date: 26052000

ITEM	TIME	EVENTS
1	7:00	APC CYEW OF 2 Unlocded Material
		cleanned area set up dearn water etc
2	5:00	Break
2	915	set up glove beg and didsome female
<u> </u>	17:00	Break Juan worked threw lunch
·	12:30	Sot up glove bag Ald Removel
(c -	2:00	Dep came on site
.7	2:15	pep left pick up work area
8	2:36	left Site

Signature: Matthe

Company: Abatement Professionals



590 County Road, Suite 2, Westbrook ME 04092

Tel (207) 773-1276 * Fax (207) 772-1203

PROJECT LOG-CHRONOLOGICAL LIST OF EVENTS

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

ITEM	TIME	EVENTS
1	7:00	Apl on Site Crew of 2 Set up glove bess
		and Removed
2	9:00	Bucak
3	5:15	Set up and knowned slave bags
У	1:00	lunch
5	1:30	set up and formand glin has 5
6	2:30	loaded waste
7	2:45	left site
9		

Signature: Matthe Chins

Company: Abatement Professionals



590 County Road, Suite 2, Westbrook ME 04092

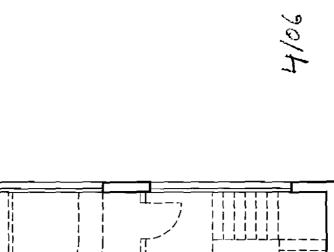
Tel. (207) 773-1276 - Fax (207) 772-1203

PROJECT LOG-CHRONOLOGICAL LIST OF EVENTS

Project Name/Number: 09-418 Date: 14/72010

ITEM	TIME	EVENTS
1	7:00	APC on site checked area
2	8:40	Iron on site did Visual and Ran au samply
3	1030	tear down
ug	11:30	are cleanand and waster loaded felt
		Site
	MA	

Signature: Mathematical Company: Abatement Professionals



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