

FAX COVER SHEET

New Meadows Abatement
P.O. Box 227
Bath, ME 04530

(207)443-1071
(207)443-1613 FAX

SEND TO Company name	MaIne DEP	From	New Meadows Abatement
Attention	Asbestos	Date	4-3-13
Office location	Augusta, Maine	Time	2:52 pm
Fax number	287-6220	Office location	BATH, Maine
		Phone number	PH: 443-1071 FAX: 443-1613

Urgent
 Reply ASAP
 Please comment
 Please review
 For your information

Total pages, including cover: 4

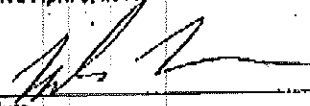
COMMENTS

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL 207-443-1071. THANK YOU!!

RE: asbestos project notification for project # 13-04-03 NMAA

Thank you,
Tom Hamilton
Office manager

4-3-13 P.
3:52 pm

<p>Asbestos Project Notification</p> <p><u>13-041-03</u> NMA Project Code</p>	<p>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) 287-8220</p>	<p>FORM N</p> <p>Page 3 of 5 Revised 2011</p>		
<p>18. Asbestos Abatement Methods and Alternative Work Practices (check all that apply)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors <input type="checkbox"/> Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors <input type="checkbox"/> Regulated area with Exclusion zone <input type="checkbox"/> Glovebags (unlimited non-contiguous, contiguous limited to 30 in ft) <input type="checkbox"/> Adhesive by grinding or bead blasting <input checked="" type="checkbox"/> Wrap & cut- TSI in good condition (no containment) <input type="checkbox"/> Intact flooring demo by heavy equipment <input type="checkbox"/> Roofing removal by mechanical saws/cutters <input type="checkbox"/> Flooring by mechanical equipment/ice scrapers/pry bars <input type="checkbox"/> Enclosure </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Waiting ACM during removal not required <input type="checkbox"/> Exhausting to Ambient Air not feasible <input type="checkbox"/> Aggressive Air Clearance not required <input type="checkbox"/> Visual Clearance only <input type="checkbox"/> Remote Decontamination Unit <input type="checkbox"/> Smaller than standard Decontamination Unit <input type="checkbox"/> Shutting down NAM at night <input type="checkbox"/> Encapsulation </td> </tr> </table>			<input type="checkbox"/> Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors <input type="checkbox"/> Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors <input type="checkbox"/> Regulated area with Exclusion zone <input type="checkbox"/> Glovebags (unlimited non-contiguous, contiguous limited to 30 in ft) <input type="checkbox"/> Adhesive by grinding or bead blasting <input checked="" type="checkbox"/> Wrap & cut- TSI in good condition (no containment) <input type="checkbox"/> Intact flooring demo by heavy equipment <input type="checkbox"/> Roofing removal by mechanical saws/cutters <input type="checkbox"/> Flooring by mechanical equipment/ice scrapers/pry bars <input type="checkbox"/> Enclosure	<input type="checkbox"/> Waiting ACM during removal not required <input type="checkbox"/> Exhausting to Ambient Air not feasible <input type="checkbox"/> Aggressive Air Clearance not required <input type="checkbox"/> Visual Clearance only <input type="checkbox"/> Remote Decontamination Unit <input type="checkbox"/> Smaller than standard Decontamination Unit <input type="checkbox"/> Shutting down NAM at night <input type="checkbox"/> Encapsulation
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<p>Note on AHERA School Projects</p> <p>The Federal Asbestos - Containing Materials in Schools regulation (40 CFR Part 763) commonly referred to as "AHERA" contains specific requirements for asbestos abatement activities that may <u>not</u> be waived by the Department. Among these are air clearance and sample analysis protocols.</p>				
<p>19. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)</p> <p>Name <u>New Meadows Abatement, Inc.</u> Address <u>P. O. Box 227</u> City <u>Bath</u> State <u>Maine</u> Zip <u>04530</u> Contact <u>Michael S. Lemar</u> TEL <u>443-1071</u> FAX <u>443-1613</u></p>	<p>20. Disposal Site</p> <p>Name <u>Crossroads Landfill</u> Address <u>367 Mercer Road</u> City <u>Norridgewock</u> State <u>Maine</u> Zip <u>04957</u> Contact <u>Shirley Adams</u> TEL <u>834-2014</u> FAX <u>834-4519</u></p>			
<p>21. Certification (Notification Submitted by)</p> <p>I certify that to the best of my knowledge, the information contained in this notification is true and accurate, and that the asbestos abatement contractor will be/has been contracted to implement work practices as required by 06-096 CMR 426 effective April 3, 2011.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <p> Signature</p> <p>Date _____</p> <p>Mailing Address <u>P.O. Box 227</u> City <u>Bath</u> State <u>Maine</u> Zip <u>04530</u> TEL <u>443-1071</u> FAX <u>443-1613</u></p> </div> <div style="width: 40%; text-align: center;"> <p><u>Michael S. Lemar</u> Print Name</p> </div> </div>				

Remember

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

Submit pages 4 or 5 only as needed.

ME DEP USE ONLY

Postmark/ FAX/ hand-delivered _____

Date Received _____ Check # _____

NESHAP _____ State _____

Waiver _____

<p>Asbestos Project Notification</p> <p><u>13-04-03</u> NMA Project Code</p>	<p>State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2661 FAX (207) 287-6220</p>	<p>FORM N</p> <p>Page 2 of 5 Revised 2011</p>
<p>10. Notification Fees <u>(Required fees must accompany notification)</u></p> <p><input type="checkbox"/> \$100.00 = ACM amounts 100 Sq Ft or 100 Ln Ft or any combination but less than 500 Sq Ft or 2500 Ln Ft.</p> <p><input type="checkbox"/> \$150.00 = ACM amounts more than 500 Sq Ft or 2500 Ln Ft but less than 1000 Sq Ft or 5000 Ln Ft.</p> <p><input type="checkbox"/> \$300.00 = ACM amounts more than 1000 Sq Ft or 5000 Ln Ft or any combination</p>	<p>11. Notification Fee Not Included</p> <p><input checked="" type="checkbox"/> Single family home exemption</p> <p><input type="checkbox"/> ACM amount less than 100 Sq Ft or 100 Ln Ft or any combination</p> <p><input type="checkbox"/> Fees paid quarterly (Non-Scheduled O&M only)</p> <p><input type="checkbox"/> BGS exemption</p> <p><input type="checkbox"/> Fee to follow within 3 days (Emergency/Notification Waiver only)</p>	<p>12. Demolition (complete as applicable)</p> <p><input type="checkbox"/> Ordered demolition (structurally unsound) by State or local government</p> <p><input type="checkbox"/> All other demolitions</p> <p><u>Demolition Dates:</u></p> <p>Start _____</p> <p>End _____</p>
<p>Note on Required Notification Fees</p> <p>If there are not sufficient funds to cover the check or credit card transaction an insufficient funds fee will be assessed by the Department in accordance with State of Maine laws and policies. Until that insufficiency is resolved (by money order or bank check), the Department will not accept any additional checks or credit card transactions from the party including additional checks for other project notifications.</p>		
<p>13. Scheduled Dates for Asbestos Project</p> <p>Project Start Date <u>4/10/13</u></p> <p>Project Completion Date <u>4/11/13</u></p> <p>ACM Removal Dates (from) <u>4/10/13</u></p> <p>ACM Removal Dates (to) <u>4/11/13</u></p>	<p>14. Project Work Hours</p> <p><u>7:00</u> AM to <u>3:30</u> PM (Show actual hours)</p> <p>Weekdays (Check all that apply)</p> <p><input type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> T <input type="checkbox"/> F</p> <p>Weekend (Check all that apply)</p> <p><input type="checkbox"/> Sat <input type="checkbox"/> Sun</p>	
<p>15. Procedure Used to Detect Presence of Asbestos</p> <p>Testing <input checked="" type="checkbox"/> Assumed Positive <input type="checkbox"/> Tested Positive</p> <p>Method <input type="checkbox"/> PLM <input type="checkbox"/> TEM</p> <p>Sampled By _____ (Print Name)</p> <p>Company _____</p>	<p>16. Project Clearance</p> <p>Visual evaluation by: (Air Monitor (if known) and Company) <u>Portman Environmental</u></p> <p>Air Clearance by: (Air Monitor (if known) and Company) <u>Portman Environmental</u></p>	
<p>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.</p>		
<p>17. Asbestos Abatement Design Consultant of Record</p> <p>Name <u>Michael S. Lemar</u> Me Certification Number <u>DC- 0182</u></p> <p>Company <u>New Meadows Abatement, Inc.</u> DC Certification Expiration Date <u>11/30/12</u></p>		

0001/0005

New Meadows Abatement

01/08/2013 08:11 FAX 2074431613

Asbestos Project Notification	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-6220	FORM N Page 1 of 5 Revised 2011
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Important Notice: The notification submitter must send a complete notification including all applicable fees, postmarked at least 10 calendar days or received by the Department at least 5 working days prior to the start of an asbestos abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record. See definition of project at Asbestos Management Regulations, 06-098 CMR 425(1)(DDDD)(last amended April 3, 2011). The notification submitter is responsible for ensuring that the complete notification including any applicable fee is received by the Department.

1. Project Code <u>13-01-03</u> NMA (Assigned by notification submitter)	2. Original Notification <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Facility O&M (Approved Annual) <input type="checkbox"/> Courtesy (Not Subject to the Rule)	3. Type of Activity <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation	4. Waiver <input type="checkbox"/> Non Standard Work Practices <input type="checkbox"/> Emergency <input type="checkbox"/> Notification Timeframe Waiver <input type="checkbox"/> Approved Annual Non Standard
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5. Facility Owner Name <u>Rick Normore</u> Address <u>145 Glenwood Avenue</u> City <u>Portland</u> State <u>ME</u> Zip <u>04103</u> Contact <u>Rick Normore</u> TEL <u>797-3381</u> FAX _____	6. Asbestos Contractor Name <u>New Meadows Abatement, Inc.</u> Address <u>P.O. Box 227</u> City <u>Bath</u> State <u>ME</u> Zip <u>04530</u> Contact <u>Michael S. Lemar</u> TEL <u>207-443-1071</u> FAX <u>207-443-1613</u>
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7. Facility Location (Where removal is to take place) BLDG Name <u>residence</u> Floor and/or Rm.# <u>basement area</u> Physical Address <u>145 Glenwood Avenue</u> City <u>Portland</u> State <u>ME</u> Zip <u>04103</u>	8. Facility Description Present Use <u>residence</u> Prior Use <u>residence</u> BLDG Size _____ No. Floors _____ BLDG Age _____
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9. Asbestos (ACM) Removal			Project Totals	
ACM Type	Amount	Measurement		
Pipe or Pipe Covering	<u>240</u>	Linear Feet	Total Square Feet = _____	
Boiler Covering		Square Feet		
Mudded Fittings		Linear Feet	Total Linear Feet = <u>240</u>	
Duct Covering		Square Feet		
Gasket Material		Square Feet	Total Project = <u>240</u>	
Floor Tile		Square Feet		
Linoleum		Square Feet	Note: Visual evaluations and air clearances for asbestos abatement projects involving more than 100 square/linear feet, or any combination thereof of must be performed by an independent Asbestos Consultant unless otherwise specified in Asbestos Management Regulations, 06-098 CMR 425) (effective April 3, 2011).	
Mastic		Square Feet		
Ceiling Tiles		Square Feet		
Spray-on		Square Feet		
Siding		Square Feet		
Transite Paneling		Square Feet		
Roofing/Flashing		Square Feet		
Glues		Square Feet		
Plaster		Square Feet		
Floor Tile by heat		Square Feet		

0003/0005

New Meadows Abatement

01/00/2013 09:10 FAX 2074431913