

ABATEMENT PROFESSIONALS CORP.

590 COUNTY ROAD, SUITE 2
WESTBROOK, ME 04092
(207) 773-1276

Gorham Savings Bank
Gorham, ME 04038

52-7451/2112

10773

6-5-17

PAY TO THE
ORDER OF

MAINE Enviro Protection fund

\$ 150.⁰⁰/₁₀₀

one hundred fifty ————— 00/100

DOLLARS
Security features
included.
Details on back.

MEMO

AFC-17-077



AUTHORIZED SIGNATURE

MP

⑈010773⑈ ⑆211274573⑆

6030069063⑈

ABATEMENT PROFESSIONALS CORP.

10773

ABATEMENT PROFESSIONALS CORP.

10773

Important Notice: The notification submitter must send a complete notification including all applicable fees, postmarked at least 10 calendar days or received by the Department at least 5 working days prior to the start of an asbestos abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record. See definition of project at Asbestos Management Regulations, 06-096 CMR 425(1)(DDDD)(last amended April 3, 2011). **The notification submitter is responsible for ensuring that the complete notification including any applicable fee is received by the Department.**

1. Project Code APC Project #17-077 (Assigned by notification submitter)	2. Original Notification <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Facility O&M (Approved Annual) <input checked="" type="checkbox"/> Courtesy (Not Subject to the Rule)	3. Type of Activity <input checked="" type="checkbox"/> Demolition <input 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
---	--	---	---

5. Facility Owner Name City of Portland School Dept Address 353 Cumberland Ave City Portland State Maine Zip 04101 Contact Doug Sherwood TEL 842-5342 FAX	6. Asbestos Contractor Name Abatement Professionals Corp Address 590 County Rd Suite #2 City Westbrook State ME Zip 04092 Contact Robert Rickett Jr. TEL 207-773-1276 FAX 207-772-1203
---	--

7. Facility Location (Where removal is to take place) BLDG Name Hall School Floor and/or Rm.# Crawl space portion of school to be demoed Physical Address 23 Orono Road City Portland State Maine Zip 04102	8. Facility Description Present Use Public School Prior Use BLDG Size No. Floors BLDG Age
--	--

9. Asbestos (ACM) Removal			Project Totals
ACM Type	Amount	Measurement	
Pipe or Pipe Covering	500	Linear Feet	Total Square Feet = <u>200</u>
Boiler Covering		Square Feet	
Mudded Fittings		Linear Feet	
Duct Covering		Square Feet	Total Linear Feet = <u>500</u>
Gasket Material		Square Feet	
Floor Tile		Square Feet	Total Project = <u>700</u>
Linoleum		Square Feet	
Mastic		Square Feet	
Ceiling Tiles		Square Feet	
Spray-on		Square Feet	
Siding		Square Feet	
Transite Paneling	400	Square Feet	
Roofing/Flashing		Square Feet	
Glues		Square Feet	
Plaster		Square Feet	
Floor Tile by heat	5000	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, 06-096 CMR 425) (effective April 3, 2011).

Asbestos Project Notification

APC Project #17-077
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 N

Page 3 of 5
Revised 2011

18. Asbestos Abatement Methods and Alternative Work Practices (check all that apply)

- | | |
|---|--|
| <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"/> Wetting ACM during removal not required |
| <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"/> Exhausting to Ambient Air not feasible |
| <input checked="" type="checkbox"/> Regulated area with Exclusion zone | <input type="checkbox"/> Aggressive Air Clearance not required |
| <input type="checkbox"/> Glovebags (unlimited non-contiguous, contiguous limited to 30 In ft) | <input type="checkbox"/> Visual Clearance only |
| <input type="checkbox"/> Adhesive by grinding or bead blasting | <input checked="" type="checkbox"/> Remote Decontamination Unit |
| <input type="checkbox"/> Wrap & cut- TSI in good condition (no containment) | <input checked="" type="checkbox"/> Smaller than standard Decontamination Unit |
| <input type="checkbox"/> Intact flooring demo by heavy equipment | <input type="checkbox"/> Shutting down NAM at night |
| <input type="checkbox"/> Roofing removal by mechanical saws/cutters | <input type="checkbox"/> Encapsulation |
| <input type="checkbox"/> Flooring by mechanical equipment/ice scrapers/pry bars | |
| <input type="checkbox"/> Enclosure | |

Note on AHERA School Projects

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 not be waived by the Department. Among these are air clearance and sample analysis protocols.

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

Name Waste Management
Address Forest Ave
City Portland State Maine Zip 04103
Contact Brian Gordon
TEL FAX

20. Disposal Site

Name Norridgewock
Address 357 Mercer Rd
City Norridgewock State ME Zip
Contact Bryan Gordon
TEL 1-800-244-8290 FAX

21. 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 06-096 CMR 425 effective April 3, 2011.



Robert Rickett Jr.
Print Name

Signature

Date 6/5/2017

Mailing Address 590 County Rd

City Westbrook State ME Zip 04092

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

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 _____