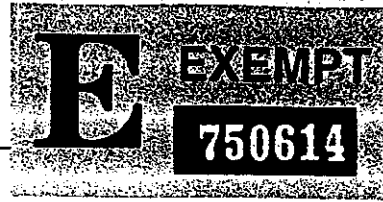




Commonwealth of Massachusetts  
Asbestos Notification Form -- ANF-001



**A** Asbestos Abatement Description

1. Facility location:

Tilton School 70 Grove Street  
Name Address

Haverill, MA 01830  
City/Town Zip code Telephone

Basement  
What is the worksite location? building name, #, wing, floor, room

2. Is the facility occupied?  Yes  No

3. Asbestos Contractor:

New England Surface Maintenance, LLP 850 Washington Street  
Name Address

Weymouth, MA 02189 781-337-2117  
City/Town Zip code Telephone

AC 000196  
DLI license # Contract Type (written/verbal)

4. On-Site Project Supervisor/Foreman:

Paul Brown AS 40577  
Name DLI Certification #

5. Project Monitor:

Fred Boyle  
Name DLI Certification #

6. Asbestos Analytical Lab:

HUB Testing  
Name DLI Certification #

7. Project start date 07/02/01 end date 07/06/01 specific work hours (Mon.-Fri.) 8-5 (Sat. Sun.)

8. What type of project is this? (circle one): demolition repair renovation other (explain)

9. Describe the asbestos abatement procedures to be used (circle): glove bag enclosure full containment cleanup  
encapsulation disposal only other (explain)

10. Is the job being conducted  indoors  outdoors?

11. Total amount of each type of Asbestos Containing Materials (ACM) to be handled on pipes or ducts (linear ft.) 100 or other surfaces (square ft.) \_\_\_\_\_ to be removed, enclosed or encapsulated:

boiler, breaching, duct, tank surface coatings.....	_____	thermal, solid core pipe insulation.....	_____
corrugated or layered paper pipe insulation.....	<u>100</u>	insulating cement.....	_____
spray-on fireproofing.....	_____	trowel/sprayer coatings.....	_____
cloths, woven fabrics.....	_____	transit board, wall board.....	_____
other (please describe).....	_____		

12. Describe the decontamination system(s) to be used:  
As required

13. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2)(g):  
Two layers-6 mil. labeled bags

14. For Emergency Asbestos Abatement Operations, the DEP and DLI officials who evaluated the emergency:

Name of DEP Official Title

Date of Authorization Waiver /

Name of DLI Official Title

Date of Authorization Waiver /

15. Do prevailing wage rates apply as per M.G.L. c. 149, § 26, 27, or 27A - F to this project?  Yes  No

INSTRUCTIONS

Sections of this form must be completed to comply with the Department of Environmental Protection notification requirements of 310 CMR 7.15 and the Department of Labor Industries notification requirements of 810 CMR 6.12 (for projects greater than linear or sq. ft.).

Print Original Form  
Commonwealth of Massachusetts  
Asbestos Notification Program  
Form ANF-001, 12/00/87  
Boston, MA 02112-

This form may be used for notifying the Environmental Protection Agency Region 1 of asbestos demolition/abatement operations in accordance with NESHAPS (40 CFR Part 61).

Use This Only  
Name /  
Address /  
City /  
State /  
Zip /  
Date /  
Signature /  
Printed Name /  
Printed Title /

**B Facility Description**

1. Current or prior use of facility: Elementary School
2. Is the facility owner-occupied residential with 4 units or less?  Yes  No
3. Facility Owner:  
City of Haverill City Hall 4 Summer St.  
Name Address  
Haverill, MA 01830 978-374-2309  
City/Town Zip code Telephone
4. Facility's Owner's On-Site Manager:  
N/A  
Name Address  
City/Town Zip code Telephone
5. General Contractor:  
Name Address  
City/Town Zip code Telephone  
Contractor's Workers Comp. Insurer Policy # Exp. Date
6. What is the size of the facility? 3000 (sq ft) 2 (# of floors)

**C Asbestos Transportation and Disposal**

1. Transporter of asbestos-containing waste material from site to temporary storage site (if necessary) to final disposal site:  
NESM, LLP 850 Washington Street  
Name Address  
Weymouth, MA 02189 781-337-2117  
City/Town Zip code Telephone
2. Transporter of asbestos-containing waste material from removal/temporary storage site to final disposal site:  
Waste Management 209 Pickering Street  
Name Address  
Portland, CT 06480 860-342-0667  
City/Town Zip code Telephone
3. Refuse transfer station and owner (if applicable):  
Name Address  
City/Town Zip code Telephone
4. Final Disposal Site:  
Valley Landfill USA Waste Services  
Location Name Owner Name  
Pleasant Valley Road  
Address  
Irwin, PA 15642 412-744-4000  
City/Town Zip code Telephone

**D Certification**

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts Regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

Jim Doyle [Signature] 06-12-01  
Print Name Authorized Signature Date

Partner NESM, LLP 781-337-2117  
Position/Title Representing Telephone

850 Washington Street Weymouth, MA 02189  
Address City/Town Zip code

Note: Contractor must sign this form for DLI notification purposes

Fee exempt (City, Town, district, municipal housing authority, owner-occupied residential of four units or less)  yes  no

Sticker # (from front of form): 7500141

Note: Transfer Stations must comply with the Solid Waste Division regulations 310 CMR 18.00