



Commonwealth of Massachusetts
Asbestos Notification Form ANF-001

100237476

Asbestos Project #
 Project Revision
 Project Cancellation

A. Asbestos Abatement Description

1. Facility Location:

CONSENTINO MIDDLE SCHOOL		685 WASHINGTON STREET	
Name of Facility		Street Address	
HAVERHILL	MA	01832	9783745775
City/Town	State	Zip Code	Telephone
TOM GEARY		PM	
Facility Contact Person Name		Facility Contact Person Title	
Worksite Location:		1ST FLOOR HALL AND LIBRAR	
Building Name, Wing, Floor, Room, etc.			

Instructions 1. All sections of this form must be completed in order to comply with MassDEP notification requirements of 310 CMR 7.15 and Department of Labor Standards (DLS) notification requirements of 453 CMR 6.12

2. Is the facility occupied? Yes No

3. Is this a fee exempt notification (city, town, district, municipal housing authority, state facility, or owner-occupied residential property of four units or less)? Yes No

MassDEP Use Only

4. Blanket Permit Project Approval, if applicable:

Date Received	Approval ID #
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5. Non-Traditional Asbestos Abatement Work Practice Approval, if applicable:

2. Submit Original Form To:

Commonwealth of Massachusetts
P.O. Box 4062
Boston, MA 02211

6. Asbestos Contractor:

ONE SOURCE ENVIRONMENTAL LLC		112 RANGE RD	
Name		Address	
WINDHAM	NH	03087	6034581482
City/Town	State	Zip Code	Telephone
AC000791		Contract Type: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Verbal	
DLS License #			

7. JOSE A. ALICEA
 Name of Contractor's On-Site Supervisor/Foreman
 AS032747
 DLS Certification #

8. JOHN C. GUTOWSKI
 Name of Project Monitor
 AM060517
 DLS Certification #

9. AXIOM PARTNERS INC
 Name of Asbestos Analytical Lab
 AA000179
 DLS Certification #

10. 2/17/2016	3/10/2016
Project Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
7AM-12PM	7AM-12PM
Work Hours - Monday Through Friday	Work Hours - Saturday & Sunday

11. What type of project is this?

Demolition Renovation Repair Other - Please Specify: _____



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notification purposes

C. Asbestos Transportation & Disposal: (cont.)

3. Name and address of temporary storage location/transfer station for the asbestos containing waste material:

Temporary Storage Location Name		Address	
City/Town	State	Zip Code	Telephone

4. Name and location of final disposal site (asbestos landfill):

MINERVA LANDFILL		MINERVA ENTERPRISES	
Final Disposal Site Name		Final Disposal Site Owner Name	
9000 MINERVA ROAD			
Address			
WAYNESBURG	OH	44688	8888888888
City/Town	State	Zip Code	Telephone

D. Certification

"I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment. The undersigned hereby states that I have read the Commonwealth of Massachusetts regulations governing asbestos abatement (453 CMR 6.00 promulgated by the Department of Labor Standards and 310 CMR 7.15 promulgated by the Department of Environmental Protection), and that I am aware that this permit application or notification shall not be deemed valid unless payment of the applicable fee is made."

MARIA HOSTAGE
 Name
 OFFICE MANAGER
 Position/Title
 6034581482
 Telephone
 112 RANGE ROAD
 Address
 NH
 State

MARIA HOSTAGE
 Authorized Signature
 2/16/2016
 Date (MM/DD/YYYY)
 ONE SOURCE ENVIRONMENTAL, LLC
 Representing
 WINDHAM
 City/Town
 03087
 Zip Code