

Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

10	0237476
As	bestos Project #
П	Project Revision
	Project Cancellation

A. Asbestos Abatement Description

	1.	Facility Location:					
		CONSENTINO MIDDLE SCHOOL	685 WASHINGTON STREET				
		Name of Facility		Street Address			
Instructions 1. All sections of this form must be completed in order to comply with MassDEP notification requirements of 310 CMR 7.15 and		HAVERHILL	MA	01832	9783745775		
		City/Town	State	Zip Code	Telephone		
		TOM GEARY		PM	,		
		Facility Contact Person Name		Facility Contact Per	rson Title		
		Worksite Location:		1ST FLOOR HALL	AND LIBRAR		
Department of Labor Standards (DLS) notification requirements of 453		Is the facility occupied?	▼ No	Building Name, Win	ng, Floor, Room, etc.		
CMR 6.12	3. Is this a fee exempt notification (city, town, district, municipal housing authority, state facility, or						
	01	wner-occupied residential property of for	ur units	or less)? Ve	s Γ No		
MassDEP Use Only	4.	Blanket Permit Project Approval, if applicab	le:				
Date Received				Approva	IID#		
	5	Non-Traditional Asbestos Abatement Work	D4'	Α			
0.01.1.01.1	if	applicable:	Fractice		110.#		
2. Submit Original Form To:		**	Approva	110#			
Commonwealth of	6. Asbestos Contractor:						
Massachusetts P.O. Box 4062		ONE SOURCE ENVIRONMENTAL LLC		112 RANGE RD			
Boston, MA 02211		Name	Address				
		WINDHAM	NH	03087	6034581482		
		City/Town	State	Zip Code	Telephone		
		AC000791		Contract Type: Written Verbal			
		DLS License #	•				
	7.	JOSE A. ALICEA	AS032747				
		Name of Contractor's On-Site Supervisor/Foreman	DLS Certification #				
	8.	JOHN C. GUTOWSKI	AM060517				
		Name of Project Monitor	DLS Certification #				
	9.	AXIOM PARTNERS INC		AA000179			
		Name of Asbestos Analytical Lab		DLS Certification #			
	10	#1 1/1/10 1/10 1/10 1/10 1/10 1/10 1/10		3/10/2016			
		Project Start Date (MM/DD/YYYY)	Date (MM/DD/YYYY)		End Date (MM/DD/YYYY)		
		7AM-12PM		7AM-12PM			
		Work Hours - Monday Through Friday	Work Hours - Satu	rday & Sunday			
	11	. What type of project is this?					
		☐ Demolition ☐ Renovation ☐ Repa	ir 📋	Other - Please Spe	ecify:		

TO

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A. Asbestos Abatement D	escription	: (cont.)					
12. Abatement procedures (check all th	at apply):					
☐ Glove Bag ☐ Encapsulation ☐ Enclosure ☐ Disposal Only 承 Cleanup 承 Full Containment							
Other - Please Specif	ŷ:		100	1900 H			
13. Job is being conducted:	▼ In	ndoors	Outdoors				
14. Total amount of each ty	pe of asbes	tos Containii	ng materials (ACM) to be remov	ed, enclosed	l, or		
encapsulated:							
0			5000				
Linear Feet (Lin. Ft.)			Square Feet (Sq. Ft.)				
Boiler, Breaching, Duct,		***	Transite Pipe	G20 73 W			
Tank Surface Coatings	Lin. Ft.	Sq. Ft.		Lin. Ft.	Sq. Ft.		
Pipe Insulation			Transite Shingles				
	Lin. Ft.	Sq. Ft.		Lin. Ft.	Sq. Ft.		
Spray-On Fireproofing			Transite Panels				
	Lin. Ft.	Sq. Ft.	_	Lin. Ft.	Sq. Ft.		
Cloths, Woven Fabrics			Other - Please Specify:				
	Lin. Ft.	Sq. Ft.	T.				
Insulating Cement			SPRAY ON CEILING TILES		5000		
_	Lin. Ft.	Sq. Ft.		Lin. Ft.	Sq. Ft.		
ALL METHODS WILL COM	ation/dispo:	sal methods i	to comply with 310 CMR 7.15 a DEP and DLS officials who evalu				
Name of MassDEP Official	70000		Title of MassDEP Official				
2/16/2016			NAW 1602069				
Date of Authorization (MM/DD)	/YYYY)		Waiver # INSPECTOR				
Name of DLS Official 12/16/2016			Title of DLS Official 15280-2016				
Date of Authorization (MM/DD/	YYYY)		Waiver #				
18. Do prevailing wage rates project?	s as per M.	G.L. c. 149,	§ 26, 27 or 27A–F apply to this	☐ Yes	▼ No		

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	B. Facility Description								
	1. Current or prior use of facility: SCHOOL								
	2. Is the facility owner-occupied residential	its or less?	☐ Yes No						
	3. HAVERHILL SCHOOL DISTRICT		4 SUMMER STREET						
	Facility Owner Name	Address							
	HAVERHILL	MA	01832	9783822531					
	City/Town	State	Zip Code	Telephone					
	4. TOM GEARY	4 SUMMER STREET							
	Name of Facility Owner's On-Site Manager	Address							
	HAVERHILL		01832	9783822531					
	City/Town	State	Zip Code	Telephone					
	5.0	0							
	Name of General Contractor		Address						
N-4 T	0	MA	00000	999999999					
Note: Temporary storage of Asbestos	City/Town	State	Zip Code	Telephone					
containing waste	0			,					
material is only allowed at the place	Contractor's Worker's Compensation Insurer								
of business of a DLS	0		12/31/2016						
licensed Asbestos contractor or a transfer	Policy#		Expiration Date (MM/DD/YYYY)						
station that is permitted by	6. What is the size of this facility?		80000	2					
MassDEP and operated in	Square Feet # of Floors								
compliance with Solid Waste Regulations	C. Asbestos Transportation & Disposal								
310 CMR 19.000	1 Transporter of ashestos containing wasta material formalists								
	1. Transporter of asbestos-containing waste material from site of generation:								
	▼ Directly to Landfill or								
	SERVICE TRANSPORT GROUP		58 PYLES LANE						
	Name of Transporter		Address	and the second s					
	NEW CASTLE	DE	19720	8779999559					
	City/Town	State	Zip Code	Telephone					
	2. If a temporary storage location/transfer sta waste material from temporary storage location	tion is us on/transfe	sed, list name of er station to final	transporter of asbestos containing disposal site:					
	Name of Transporter	The state of the s	Address						
	City/Town	State	Zip Code	Telephone					

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C. Asbestos Transportation & Disposal: (cont.)

Name and address of temporary	storage	location/transfer	station for	the asbestos	containing	waste
material:	100				8	Averagan

Temporary Storage Location Name		Address		mate 90
City/Town	State	Zip Code	Telephone	AND THE PERSON OF THE PERSON O
Name and location of final disposal	site (asbestos la	ndfill):		
MINERVA LANDFILL		MINERVA ENT	ERPRISES	
Final Disposal Site Name 9000 MINERVA ROAD	and the second s	Final Disposal	Site Owner Name	
Address WAYNESBURG	OH	44688	8888888888	

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	MARIA HOSTAGE
Name OFFICE MANAGER	Authorized Signature 2/16/2016
Position/Title 6034581482	Date (MM/DD/YYYY) ONE SOURCE ENVIRONMENTAL, LLC
Felephone 112 RANGE ROAD	Representing WINDHAM
Address \H	City/Town 03087
State	Zin Code