

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		FM	
Facility Contact Person Name		Facility Contact Person Title	
Worksite Location:		HALLWAYS THROUGHOUT	
		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:

Approval ID # _____

Date Received _____

5. Non-Traditional Asbestos Abatement Work Practice Approval, if applicable:

Approval ID # _____

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. 4/15/2016

Project Start Date (MM/DD/YYYY)

4/24/2016

End Date (MM/DD/YYYY)

7AM-2AM

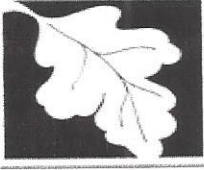
7AM-2AM

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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A. Asbestos Abatement Description: (cont.)

12. Abatement procedures (check all that apply):

- Glove Bag Encapsulation Enclosure Disposal Only Cleanup Full Containment
- Other - Please Specify: _____

13. Job is being conducted: Indoors Outdoors

14. Total amount of each type of asbestos Containing materials (ACM) to be removed, enclosed, or encapsulated:

	4000	
Linear Feet (Lin. Ft.)		Square Feet (Sq. Ft.)
Boiler, Breaching, Duct,		Transite Pipe
Tank Surface Coatings	Lin. Ft. Sq. Ft.	Lin. Ft. Sq. Ft.
Pipe Insulation	Lin. Ft. Sq. Ft.	Transite Shingles
		Lin. Ft. Sq. Ft.
Spray-On Fireproofing	4000	Transite Panels
	Lin. Ft. Sq. Ft.	Lin. Ft. Sq. Ft.
Cloths, Woven Fabrics		Other - Please Specify:
	Lin. Ft. Sq. Ft.	
Insulating Cement		
	Lin. Ft. Sq. Ft.	Lin. Ft. Sq. Ft.

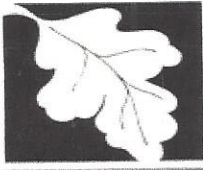
15. Describe the decontamination system(s) to be used:
3 CHAMBER DECON, WET METHODS, NEGATIVE PRESSURE

16. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2)(g):
ALL METHODS WILL COMPLY

17. For Emergency Asbestos Operations, the MassDEP and DLS officials who evaluated the emergency:

_____ Name of MassDEP Official	_____ Title of MassDEP Official
_____ Date of Authorization (MM/DD/YYYY)	_____ Waiver #
_____ Name of DLS Official	_____ Title of DLS Official
_____ Date of Authorization (MM/DD/YYYY)	_____ Waiver #

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



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B. Facility Description

1. Current or prior use of facility: SCHOOL

2. Is the facility owner-occupied residential with 4 units 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 MA 01832 9783822531
 City/Town State Zip Code Telephone

5. 0 0
 Name of General Contractor Address
0 MA 00000 2222222222
 City/Town State Zip Code Telephone

0
 Contractor's Worker's Compensation Insurer
0 12/31/2016
 Policy # Expiration Date (MM/DD/YYYY)

6. What is the size of this facility? 80000 2
 Square Feet # of Floors

Note: Temporary storage of Asbestos containing waste material is only allowed at the place of business of a DLS licensed Asbestos contractor or a transfer station that is permitted by MassDEP and operated in compliance with Solid Waste Regulations 310 CMR 19.000

C. Asbestos Transportation & Disposal

1. Transporter of asbestos-containing waste material from site of generation:

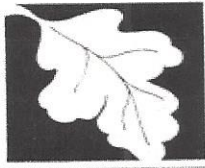
- Directly to Landfill or
- To Temporary Storage Location/Transfer Station

SERVICE TRANSPORT GROUP 58 PYLES LANE
 Name of Transporter Address
NEW CASTLE DE 19720 8779999559
 City/Town State Zip Code Telephone

2. If a temporary storage location/transfer station is used, list name of transporter of asbestos containing waste material from temporary storage location/transfer station to final disposal site:

 Name of Transporter Address

 City/Town State Zip Code Telephone



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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		Address	
WAYNESBURG	OH	44688	4444444444
_____	_____	_____	_____
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

3/22/2016

Date (MM/DD/YYYY)

ONE SOURCE ENVIRONMENTAL, LLC

Representing

WINDHAM

City/Town

03087

Zip Code