



Commonwealth of Massachusetts
Asbestos Notification Form ANF-001

100238957

Asbestos Project #

Project Revision

Project Cancellation

A. Asbestos Abatement Description

1. Facility Location:

CONSENTINO SCHOOL		685 WASHINGTON STREET	
Name of Facility		Street Address	
HAVERHILL	MA	01832	9783745775
City/Town	State	Zip Code	Telephone
TOM GEARY		SUPERVISOR OF FACILITIES	
Facility Contact Person Name		Facility Contact Person Title	
Worksite Location:		OFFICE AREA/ROOMS 8 & 9	
		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

MassDEP Use Only

Date Received

2. Submit Original Form To:
Commonwealth of Massachusetts
P.O. Box 4062
Boston, MA 02211

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

4. Blanket Permit Project Approval, if applicable:

Approval ID # _____

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

Approval ID # _____

6. Asbestos Contractor:

SEN CAM INC		741 SOUTH MAIN ST	
Name		Address	
HAVERHILL	MA	01835	9786837767
City/Town	State	Zip Code	Telephone
AC000129		Contract Type: <input checked="" type="checkbox"/> Written <input type="checkbox"/> Verbal	
DLS License #			

7. LEONARDO TORRES

AS030837

Name of Contractor's On-Site Supervisor/Foreman DLS Certification #

8. AXIOM PARTNERS INC

AA000179

Name of Project Monitor DLS Certification #

9. AXIOM PARTNERS INC

AA000179

Name of Asbestos Analytical Lab DLS Certification #

10. 3/25/2016

4/10/2016

Project Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

NOT APPLICABLE 7AM-7PM

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:

0		2500	
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	Lin. Ft. Sq. Ft.	Transite Panels	Lin. Ft. Sq. Ft.
Cloths, Woven Fabrics	Lin. Ft. Sq. Ft.	Other - Please Specify:	
Insulating Cement	Lin. Ft. Sq. Ft.	VAT & MASTIC	2500
			Lin. Ft. Sq. Ft.

15. Describe the decontamination system(s) to be used:

THREE CHAMBER DECON UNIT/NEGATIVE PRESSURE HEP AIAR FILTRATION

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

WASTE WETTED/DOUBLE BAGGED IN 6 MIL POLY/EPA APPROVED LANDFILL

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. CITY OF HAVERHILL		4 SUMMER STREET	
Facility Owner Name		Address	
HAVERHILL	MA	01830	6173743400
City/Town	State	Zip Code	Telephone

4. TOM GEARY		4 SUMMER STREET	
Name of Facility Owner's On-Site Manager		Address	
HAVERHILL	MA	01830	9783745725
City/Town	State	Zip Code	Telephone

5. NOT APPLICABLE		SAME	
Name of General Contractor		Address	
SAME	MA	01830	0000000000
City/Town	State	Zip Code	Telephone
LIBERTY MUTUAL INSURANCE COMPANY		Contractor's Worker's Compensation Insurer	
WCS-31S-481104-045		12/20/2016	
Policy #		Expiration Date (MM/DD/YYYY)	

6. What is the size of this facility?	<u>90000</u>	<u>2</u>
	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

SENCAM, INC.		741 SOUTH MAIN STREET	
Name of Transporter		Address	
HAVERHILL	MA	01835	9786837767
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:

SERVICE TRANSPORT GROUP		58 PYLES LANE	
Name of Transporter		Address	
NEW CASTLE	DE	19720	8779999559
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:

SENCAM, INC.		741 SOUTH MAIN STREET	
Temporary Storage Location Name		Address	
HAVERHILL	MA	01835	9786837767
City/Town	State	Zip Code	Telephone

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

MINERVA LANDFILL		UNKNOWN	
Final Disposal Site Name		Final Disposal Site Owner Name	
9000 MINERVA ROAD			
Address			
WAYNESBURG	OH	44688	3308663435
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."

PATRICK SENNOTT

Name

PRESIDENT

Position/Title

9786837767

Telephone

741 SOUTH MAIN STREET

Address

MA

State

PATRICK SENNOTT

Authorized Signature

3/11/2016

Date (MM/DD/YYYY)

SENCAM, INC.

Representing

HAVERHILL

City/Town

01835

Zip Code