Commonwealth of Massachusetts

Asbestos Notification Form ANF-001

100218957

Asbestos Project #

☐ Project Revision

☐ Project Cancellation

A. Asbestos Abatement Description

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
Asbestos Program
P.O. Box 120087
Boston, MA 02112-0087

1. Facility Location:

35 PEARL STREET		35 PEARL STREET	
Name of Facility		Street Address	
WEBSTER	MA	01570	0000000000
City/Town	State	Zip Code	Telephone
N/A		N/A	
Facility Contact Person Name		Facility Contact Person Title	

Worksite Location: 35 PEARL STREET

Building Name, Wing, Floor, Room, etc.

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:

ENVIROGREEN LLC		81 CHESTNUT AVE	
Name		Address	
BOSTON	MA	02130	8578913842
City/Town	State	Zip Code	Telephone
AC000749		Contract Type: ☑ Written ☐ Verbal	
DLS License #			

7. FRANKLIN HERNANDEZ	AS061855
Name of Contractor's On-Site Supervisor/Foreman	DLS Certification #
8. RON JACOBS	AM034533
Name of Project Monitor	DLS Certification #
9. PROSCIENCE ANALYTICAL SERVICES INC	AA000156
Name of Asbestos Analytical Lab	DLS Certification #
10. 5/5/2015	5/8/2015
Project Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
0700-1600	NONE
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:

	Linear Feet (Lin. Ft.)	Square Feet (Sq. Ft.)		Linear Feet (Lin. Ft.)	Square Feet (Sq. Ft.)
Boiler, Breaching, Duct, Tank Surface Coatings		280	Transite Pipe		
Pipe Insulation			Transite Shingles		
Spray-On Fireproofing			Transite Panels		
Cloths, Woven Fabrics			Other - Please Specify:		
Insulating Cement					

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

3 STAGE DECONTAMINATION UNIT

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

6 MIL LEAK-TIGHT DOUBLE BAGGED, WETTED, AND LABELED FOR TRANSPORT

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: COMMERCIAL

2. Is the facility owner-occupied residential with 4 units or less? ☐ Yes ☑ No

3. 35 PEARL STREET LLC — Facility Owner Name
35 PEARL STREET — Address
WEBSTER — City/Town
MA — State
01570 — Zip Code
0000000000 — Telephone

4. N/A — Name of Facility Owner's On-Site Manager
N/A — Address
N/A — City/Town
MA — State
00000 — Zip Code
0000000000 — Telephone

5. N/A — Name of General Contractor
N/A — Address
N/A — City/Town
MA — State
00000 — Zip Code
0000000000 — Telephone

FEDERAL INSURANCE CO. — Contractor's Worker's Compensation Insurer
0044727918 — Policy #
3/2/2016 — Expiration Date (MM/DD/YYYY)

6. What is the size of this facility? 28000 Square Feet; 1 # 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

ENVIROGREEN LLC — Name of Transporter
81 CHESTNUT AVENUE — Address
JAMAICA PLAIN — City/Town
MA — State
02130 — Zip Code
8578913842 — 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 — Name of Transporter
58 PYLES LANE — Address
NEW CASTLE — City/Town
DE — State
19720 — Zip Code
8779999559 — Telephone

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Note: Contractor must sign this form for DLS notification purposes

C. Asbestos Transportation & Disposal: (cont.)

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

N/A		N/A	
Temporary Storage Location Name		Address	
LAWRENCE	MA	01841	0000000000
City/Town	State	Zip Code	Telephone

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

MINERVA ENTERPRISES LLC		MINERVA ENTERPRISES LLC	
Final Disposal Site Name		Final Disposal Site Owner Name	
8955 MINERVA ROAD SE			
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."

LOUIS JAVIER	LOUIS JAVIER
Name	Authorized Signature
PRESIDENT	4/21/2015
Position/Title	Date (MM/DD/YYYY)
8578913842	ENVIROGREEN LLC
Telephone	Representing
81 CHESTNUT AVENUE	JAMAICA PLAIN
Address	City/Town
MA	02130
State	Zip Code