



# Commonwealth of Massachusetts Asbestos Notification Form ANF-001

Asbestos Project Number \_\_\_\_\_

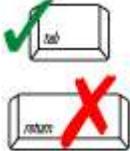
Project Revision

Project Cancellation

## A. Asbestos Abatement Description

### Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



### 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 and Standards (DLS) notification requirements of 453 CMR 6.12

2. Submit Original Form to:  
**MassDEP**  
**P.O. Box 4062**  
**Boston MA 02211**

1. Facility Location:

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Facility Contact Person Name

\_\_\_\_\_  
Facility Contact Person Title

Worksite Location:

\_\_\_\_\_  
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 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 #

Note: If this job qualifies for one of the exemptions from the use of a licensed asbestos contractor allowed by the Massachusetts Department of Labor Standards (DLS), check the appropriate box below and skip to question 8. Otherwise, complete all fields below.

This job involves breaking, shearing or slicing of non-friable asbestos-containing material only (e.g. cement shingles/panels, cement pipe, asphalt roofing or siding, vinyl floor tiles, etc.) in a manner that does not generate asbestos dust or render the material friable, as allowed by DLS at 453 CMR 6.13(2)(a)5. All work must be done in compliance with the applicable regulations at 310 CMR 7.15.

This job involves work on asbestos containing material that is classified by DLS as a 'Small-Scale Asbestos Project,' an 'Asbestos-Associated Project,' or an 'Asbestos Response Action' by qualified 'in-house' personnel as allowed by the DLS at 453 CMR 6.00, and will be performed in accordance with all the requirements of 453 CMR 6.13 (1)(a), 453 CMR 6.13 (2)(a)1. and 3., and 453 CMR 6.14 (1)(a), as applicable. All work must be done in compliance with the applicable regulations at 310 CMR 7.15.

6. Asbestos Contractor:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
DLS License #

Contract Type:  Written  Verbal

7.

\_\_\_\_\_  
Name of Contractor's On-Site Supervisor/Foreman

\_\_\_\_\_  
DLS Certification #

8.

\_\_\_\_\_  
Name of Project Monitor

\_\_\_\_\_  
DLS Certification #

9.

\_\_\_\_\_  
Name of Asbestos Analytical Lab

\_\_\_\_\_  
DLS Certification #

10.

\_\_\_\_\_  
Project Start Date (MM/DD/YYYY)

\_\_\_\_\_  
End Date (MM/DD/YYYY)

\_\_\_\_\_  
Work Hours - Monday Through Friday

\_\_\_\_\_  
Work Hours - Saturday & Sunday



# Commonwealth of Massachusetts Asbestos Notification Form ANF-001

## A. Asbestos Abatement Description (continued)

11. What type of project is this?

Demolition  Renovation  Repair  Other - Please Specify: \_\_\_\_\_

12. Abatement procedures (check all that apply):

Glove Bag  Encapsulation  Enclosure  Disposal Only  Cleanup  Full Containment

Other - 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.)	
Boiler, Breaching, Duct, Tank	/	Transite Pipe	/
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.		
Insulating Cement	/		/
	Lin. Ft. Sq. Ft.		Lin. Ft. Sq. Ft.

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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 (per M.G.L. c. 149, § 26, 27 or 27A-F) apply to this project?  Yes  No



# Commonwealth of Massachusetts Asbestos Notification Form ANF-001

## B. Facility Description

1. Current or prior use of facility: \_\_\_\_\_
2. Is the facility owner-occupied residential with 4 units or less?       Yes     No
3. \_\_\_\_\_  

Facility Owner Name	Address		
City/Town	State	Zip Code	Telephone
4. \_\_\_\_\_  

Name of Facility Owner's On-Site Manager	Address		
City/Town	State	Zip Code	Telephone
5. \_\_\_\_\_  

Name of General Contractor	Address		
City/Town	State	Zip Code	Telephone
Contractor's Worker's Compensation Insurer	Policy #	Expiration Date (MM/DD/YYYY)	
6. What is the size of this facility? \_\_\_\_\_  

	Square Feet	# of Floors
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## C. Asbestos Transportation & Disposal

**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

1. Transporter of asbestos-containing waste material from site of generation:  
 Directly to Landfill or  To Temporary Storage Location/Transfer Station  

Name of Transporter	Address		
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
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



# Commonwealth of Massachusetts Asbestos Notification Form ANF-001

## C. Asbestos Transportation & Disposal (continued)

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

_____		_____	
Final Disposal Site Name		Final Disposal Site Owner Name	
_____		_____	
Address		City/Town	
_____	_____	_____	_____
State	State	Zip Code	Telephone

## D. Certification

**Note:**  
Contractor must sign this form for DLS notification purposes

"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."

_____		
Name		
_____		
Authorized Signature		
_____		
Date (MM/DD/YYYY)		
_____		
Position/Title		
_____		
Representing		
_____		
Address		
_____	_____	_____
City/Town	State	ZIP Code
_____	_____	
Telephone	Email Address	