

**Asbestos  
Project  
Notification**

2009 Revision

State of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-6220

**FORM  
N**

Page 1 of 3

**Important Notice:** The notification submitter must send a complete notification including any applicable fee which is postmarked at least 10 calendar days or received by the Department at least 5 working days prior to the start of an asbestos abatement project. This notification must be typewritten or easily legible. An incomplete notification is not acceptable & therefore not of record.

<p><b>1. Project* Code</b></p> <p>(Assigned by notification submitter) *See definition of project at Chapter 425.1.CCC</p>	<p><b>2. Type of Notification</b></p> <p><input type="checkbox"/> Standard (O)</p> <p><input type="checkbox"/> Facility O&amp;M (Annual)</p> <p><input type="checkbox"/> Emergency (E)</p> <p><input type="checkbox"/> Courtesy (Not Regulated)</p>	<p><b>3. Type of Activity</b></p> <p><input type="checkbox"/> Demolition (D)</p> <p><input type="checkbox"/> Renovation (R)</p> <p><input type="checkbox"/> Repair</p>	<p><b>4. Variances</b> (Check all that apply)</p> <p><input type="checkbox"/> Non-Standard (NS)</p> <p><input type="checkbox"/> Standard (S)</p> <p><input type="checkbox"/> Notification Waiver (10 day)</p>
--	---	--	---

**5. Asbestos Contractor**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_

**6. Facility Owner**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_

**7. Facility Location (Where removal is to take place)**

BLDG Name \_\_\_\_\_

Floor and/or Rm.# \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**8. Facility Description**

Present Use \_\_\_\_\_

Prior Use \_\_\_\_\_

BLDG Size \_\_\_\_\_ No. Floors \_\_\_\_\_

BLDG Age \_\_\_\_\_

**9. Notification Fees (Required fees must accompany notification)**

\$100.00 = ACM amounts 100 SqFt/100 LnFt to less than 500 SqFt/2,500 LnFt.

\$150.00 = ACM amounts 500 SqFt/2,500 LnFt or greater and less than 1,000 SqFt/5,000 LnFt

\$300.00 = ACM amounts 1,000 SqFt/5,000 LnFt or greater

Not Required or Not Included (Complete Block #9A)

**9A. Notification Fee Not Included**

Single family home exemption

ACM amount less than 100 SqFt/100 LnFt

Fees paid quarterly (Non-Scheduled O&M only)

BGS exemption

**10. Project Work Hours**

\_\_\_\_\_ AM to \_\_\_\_\_ PM (Show actual hours)

**Weekdays** (Check all that apply)

M  T  W  T  F

**Weekend** (Check all that apply)

Sat  Sun

**11. Scheduled Dates for Asbestos Project**

Project Start Date (mm/dd/yy) \_\_\_\_\_ Project Completion Date \_\_\_\_\_

ACM Removal Dates (from) \_\_\_\_\_ (to) \_\_\_\_\_

**Asbestos  
Project  
Notification**

Proj. Code  
**2009 Revision**

State of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-6220

**FORM  
N**

**Page 2 of 3**

**12. Asbestos (ACM) Removal**

**ME DEP USE ONLY**

ACM Type	Amount	Measurement
		SqFt LnFt
		SqFt LnFt
		SqFt LnFt
		SqFt LnFt
		SqFt LnFt
		SqFt LnFt

Postmark/ FAX/ hand delivered \_\_\_\_\_  
Date Received \_\_\_\_\_  
Check # \_\_\_\_\_  
NESHAP \_\_\_\_\_  
State \_\_\_\_\_  
Variance \_\_\_\_\_

**13. Demolition** (complete as applicable)

- Ordered demolition (structurally unsound) by State or local government (attach copy of order and name of professional engineer who determined building structurally unsound)
- All other demolitions

Demolition Dates: \_\_\_\_\_ to \_\_\_\_\_

**14. Procedure Used to Detect Presence of Asbestos**

**Testing**  Assumed Positive  Tested Positive

**Method**  PLM  TEM

**Sampled By** \_\_\_\_\_  
(Print Name)

**Company** \_\_\_\_\_

**15. Project Clearance**

**Visual evaluation by:** (Air Monitor (if known) **and** Company)

**Air Clearance by:** (Air Monitor (if known) **and** Company)

**Note: Whenever building materials are assumed to contain asbestos, signed bulk sampling disclosure forms must be at the asbestos abatement project site and available for review by the Department.**

**16. Asbestos Abatement Methods** (check all that apply & submit variance request (Form V) if required)

- Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors
- Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors
- Regulated area with Exclusion zone
- Multiple non-contiguous glovebags (variance required)
- Contiguous glovebags less than 30 Ln/ft (variance required)
- Wrap & cut- TSI in good condition (no containment)(variance required)
- Wrap & cut- TSI not in good condition (containment required)
- Flooring by mechanical equipment/ice scrapers/pry bars
- Intact flooring demo by heavy equipment
- Adhesive by grinding or bead blasting
- Enclosure
- Encapsulation
- Roofing removal by mechanical saws/cutters
- Other (specify)

**17. Waste Transporter (Must be ME DEP licensed Non-Hazardous Waste Transporter)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_  
TEL \_\_\_\_\_ FAX \_\_\_\_\_

**18. Disposal Site**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact \_\_\_\_\_  
TEL \_\_\_\_\_ FAX \_\_\_\_\_

**Asbestos  
Project  
Notification**

Proj. Code:  
**2009 Revision**

State of Maine  
Department of Environmental Protection  
Lead & Asbestos Hazard Prevention Program  
17 State House Station, Augusta, ME 04333  
TEL (207) 287-2651 FAX (207) 287-6220

**FORM  
N**

**Page 3 of 3**

**19. Certification (Notification Submitted by)**

I certify that to the best of my knowledge, the information contained in this notification is true and accurate, and that the asbestos abatement contractor will be/has been contracted to implement work practices as required by Maine DEP Chapter 425, the Asbestos Management Regulations.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_

**20. Emergency Notification** (oral notification must be made within 1 working day of the emergency)

Complete when a waiver to the standard notification period is requested for an emergency asbestos removal project which is necessitated by a sudden, unexpected event such as non-routine failures of equipment or by actions of fire and emergency medical personnel pursuant to duties within their official capacities. Written emergency notification must be received by the Department as soon as possible, but no later than 72 hours after the emergency.

Detailed Explanation **(Include the date and hour on which the emergency occurred)**

Signature (Emergency Notification requested by) \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**MEDEP Action on Emergency Notification**

**APPROVED**       **DISAPPROVED** (by) \_\_\_\_\_  
(date) \_\_\_\_\_

**21. Notification Waiver Request** (must be received by MEDEP at least 24 hours prior to the start of the project)

Complete when a waiver to the standard notification period is requested when reasonable planning & foresight could not have predicted the event & other notification procedures would not suffice to protect public health & the environment. Examples include discovering additional asbestos-containing material during a renovation or demolition for which an asbestos inspection was conducted (e.g., within a wall cavity or plumbing chase), a public health threat exists or will develop (e.g. clean up following a fiber release episode), or unforeseeable circumstance (e.g., boiler & associated piping/valves failure).

Detailed Explanation

Signature (Notification Waiver requested by) \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**MEDEP Action on Notification Waiver Request**

**APPROVED**       **DISAPPROVED** (by) \_\_\_\_\_  
(date) \_\_\_\_\_