

**Asbestos
Project
Notification
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
R**

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2009 Revision**

1. Project Code

(assigned by original
notification submitter)

2. Revision #

3. Revision Information Submitted by

Name
Mailing Address
City State Zip
Contact
TEL FAX

4. Asbestos Contractor (As listed in original notification)

Name
Address
City State Zip
Contact
TEL FAX

5. Facility Location (Where removal is to take place)

BLDG Name
Floor and/or Rm.#
Physical Address
City State Zip

6. Notification Revisions (Check all that apply)

- Change Start Date from _____ to _____
- Change End Date from _____ to _____
- Change in Work Hours
- Cancellation of Project Date _____ to _____
- Change in Contractor to _____
- Change in amount of ACM being removed (Show increase or decrease)
- Change in Waste Transporter to _____
- Change in Disposal Site to _____
- Variance Request not previously submitted (Non-Standard Variance Request requires Department written approval)
- Change in abatement methods
- Other

Signature

Print Name

Date

ME DEP USE ONLY

Postmark/ FAX/ Hand delivered

Date Received _____

Important Note: This form may be faxed to the Department. Remember to keep a record of all notifications sent to the Department.