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Document: **AQ 04 - Asbestos Removal Notification Form ANF-001**

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Department of Environmental Protection
BWP AQ 04 (ANF-001) PreForm
Asbestos Notification Form

- This is a revision to an existing form.
Project ID for existing form to be revised: _____
- This job is being conducted under a Blanket Permit.
MassDEP assigned Blanket Authorization ID: _____
- This job is being conducted under a Non Traditional Abatement Work Practice Permit.
MassDEP assigned Non Traditional Work Practice Authorization ID: _____
- This job does not require the use of an asbestos contractor licensed by the MA Department of Labor Standards because (please check one box 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 the Department of Labor Standards (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; or
 - This job involves work on asbestos containing material that is classified by the Department of Labor Standards (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 Department of Labor Standards (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.
- None of the above conditions apply, generate a new form.



BWP AQ 04 (ANF-001)

Asbestos Notification Form

100257163

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

1. Facility Location:

VACANT BUILDING	505 COMMON STREET
a. Name of Facility	b. Street Address
BELMONT	
MA	02081
c. City/Town	d. State
NA	e. Zip Code
g. Facility Contact Person Name	f. Telephone
NA	
Worksite Location:	ROOF
	i. Building Name, Wing, Floor, Room, etc.

2. Is the facility occupied? a. Yes b. 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)? a. Yes b. No

MassDEP Use Only

Date Received _____

4. Blanket Permit Project Approval, if applicable: _____

Approval ID # _____

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

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

Approval ID # _____

6. Asbestos Contractor:

A-BEST ABATEMENT INC	24 KEEWAYDIN DRIVE
a. Name	b. Address
SALE M	
NH	03079
c. City/Town	d. State
AC000197	e. Zip Code
g. DLS License #	f. Telephone
	h. Contract Type: <input checked="" type="checkbox"/> 1. Written <input type="checkbox"/> 2. Verbal

7. RAFAEL A. CONCEPCION

a. Name of Contractor's On-Site Supervisor/Foreman

AS901356

b. DLS Certification #

8. _____

a. Name of Project Monitor

NA

b. DLS Certification #

9. _____

a. Name of Asbestos Analytical Lab

NA

b. DLS Certification #

10.

1/6/2017

a. Project Start Date (MM/DD/YYYY)

1/6/2017

b. End Date (MM/DD/YYYY)

7AM-3:30PM

c. Work Hours - Monday Through Friday

NA

d. Work Hours - Saturday & Sunday

11. What type of project is this?

a. Demolition b. Renovation c. Repair d. Other - Please Specify: _____



B. Facility Description

1. Current or prior use of facility: VACANT BUILDING

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

3. ROBERT DESANTIS 46 PARSONS ST
 a. Facility Owner Name b. Address
NEWTON MA 02465 9999999999
 c. City/Town d. State e. Zip Code f. Telephone

4. NA NA
 a. Name of Facility Owner's On-Site Manager b. Address
NA MA 02465 9999999999
 c. City/Town d. State e. Zip Code f. Telephone

5. NAUSET CONSTRUCTION 10 KEARNEY ROAD
 a. Name of General Contractor b. Address
NEEDHAM MA 02494 7814532220
 c. City/Town d. State e. Zip Code f. Telephone

NAUTILUS
 g. Contractor's Worker's Compensation Insurer
WCA152813 1/30/2017
 h. Policy # i. Expiration Date (MM/DD/YYYY)

6. What is the size of this facility? 5000 1
 a. Square Feet b. # of Floors

C. Asbestos Transportation & Disposal

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

A-BEST ABATEMENT INC 24 KEEWAYDIN DRIVE
 c. Name of Transporter d. Address
SALEM NH 03079 6038934696
 e. City/Town f. State g. Zip Code h. 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 INC 58 PYLES LANE
 a. Name of Transporter b. Address
NEW CASTLE DE 19720 8779999559
 c. City/Town d. State e. Zip Code f. Telephone

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: (cont.)

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

A-BEST ABATEMENT INC		24 KEEWAYDIN DRIVE	
a. Temporary Storage Location Name		b. Address	
SALEM	NH	03079	6038934696
c. City/Town	d. State	e. Zip Code	f. Telephone

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

MINERVA LANDFILL		MINERVA LANDFILL	
a. Final Disposal Site Name		b. Final Disposal Site Owner Name	
8955 MINERVA ROAD			
c. Address			
WAYNESBURG	OH	44688	3308663435
d. City/Town	e. State	f. Zip Code	g. 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."

KAREN SUSI	KAREN SUSI
1. Name	2. Authorized Signature
ACCOUNT MANAGER	12/27/2016
3. Position/Title	4. Date (MM/DD/YYYY)
6038934696	A-BEST ABATEMENT INC
5. Telephone	6. Representing
24 KEEWAYDIN DRIVE	SALEM
7. Address	8. City/Town
NH	03079
9. State	10. Zip Code