

Asbestos Project Notification

State of Maine
 Department of Environmental Protection
 Lead & Asbestos Hazard Prevention Program 17
 State House Station, Augusta, ME 04333
 TEL (207) 287-7688 Email: ALNotifications.DEP@maine.gov

FORM N

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Revised 2023

Important Notice: The notification submitter must send a complete notification including all applicable fees, 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. See definition of project at Asbestos Management Regulations, 06-096 CMR 425(1)(DDDD)(last amended April 3, 2011). **The notification submitter is responsible for ensuring that the complete notification including any applicable fee is received by the Department.**

1. Project Code (10 Char. Limit) _____ (Assigned by notification submitter)	2. Original Notification <input type="checkbox"/> Standard <input type="checkbox"/> Facility O&M (Approved Annual) <input type="checkbox"/> Courtesy (Not Subject to the Rule)	3. Type of Activity <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation	4. Waiver <input type="checkbox"/> Non Standard Work Practices <input type="checkbox"/> Emergency <input type="checkbox"/> Notification Timeframe Waiver <input type="checkbox"/> Approved Annual Non Standard
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5. Facility Owner Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____	6. Asbestos Contractor Name _____ Address _____ City _____ State _____ Zip _____ Contact _____ TEL _____ FAX _____
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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 _____
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9. Asbestos (ACM) Removal			
ACM Type	Amount	Measurement	Project Totals
Pipe or Pipe Covering (F)		Linear Feet	Total Square Feet = _____ Total Linear Feet = _____ Total Project = _____ Note: Visual evaluations and air clearances for asbestos abatement projects involving more than 100 square/linear feet, or any combination thereof of must be performed by an independent Asbestos Consultant unless otherwise specified in Asbestos Management Regulations, 06-096 CMR 425) (effective April 3, 2011).
Boiler Covering (G)		Square Feet	
Mudded Fittings		Linear Feet	
Duct Covering (H)		Square Feet	
Gasket Material (D)		Square Feet	
Floor Tile (C)		Square Feet	
Linoleum (L)		Square Feet	
Mastic (M)		Square Feet	
Ceiling Tiles (I)		Square Feet	
Spray-on (J)		Square Feet	
Siding (B)		Square Feet	
Transite Paneling (E)		Square Feet	
Roofing/Flashing (A)		Square Feet	
Glues (Z)		Square Feet	
Plaster (S)		Square Feet	
Floor Tile by Heat (K) Courtesy		Square Feet	
Mastic by Chemical (K) Courtesy		Square Feet	

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10. Notification Fees (Required fees must accompany notification)

- \$100.00 = ACM amounts 100 Sq Ft or 100 Ln Ft or any combination but less than 500 Sq Ft or 2500 Ln Ft.
- \$150.00 = ACM amounts more than 500 Sq Ft or 2500 Ln Ft but less than 1000 Sq Ft or 5000 Ln Ft.
- \$300.00 = ACM amounts more than 1000 Sq Ft or 5000 Ln Ft or any combination

11. Notification Fee Not Included

- Single family home exemption
- ACM amount less than 100 Sq Ft or 100 Ln Ft or any combination
- Fees paid quarterly (Non-Scheduled O&M only)
- BGS exemption
- Fee to follow within 3 days (Emergency/Notification Waiver only)

12. Demolition (complete as applicable)

____ Ordered demolition (structurally unsound) by State or local government

____ All other demolitions

Demolition Dates:

Start _____

End _____

Note on Required Notification Fees

If there are not sufficient funds to cover the check or credit card transaction an insufficient funds fee will be assessed by the Department in accordance with State of Maine laws and policies. Until that insufficiency is resolved (by money order or bank check), the Department will not accept any additional checks or credit card transactions from the party including additional checks for other project notifications.

13. Scheduled Dates for Asbestos Project

Project Start Date _____

Project Completion Date _____

ACM Removal Dates (from) _____

ACM Removal Dates (to) _____

14. 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

15. Procedure Used to Detect Presence of Asbestos

Testing _____ Assumed Positive _____ Tested Positive

Method _____ PLM _____ TEM

Sampled By _____
(Print Name)

Company _____

16. 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.

17. Asbestos Abatement Design Consultant of Record

Name _____ Me Certification Number DC _____

Company _____ DC Certification Expiration Date _____

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18. Asbestos Abatement Methods and Alternative Work Practices (check all that apply)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Regulated area with containment consisting of 2-layers 4 mil poly on walls & ceiling & 2 layers 6 mil poly on floors | <input type="checkbox"/> Wetting ACM during removal not required |
| <input type="checkbox"/> Regulated area with containment consisting of 1-layer 6 mil poly on walls & ceiling & 2 layers 6 mil poly on floors | <input type="checkbox"/> Exhausting to Ambient Air not feasible |
| <input type="checkbox"/> Regulated area with Exclusion zone | <input type="checkbox"/> Aggressive Air Clearance not required |
| <input type="checkbox"/> Glovebags (unlimited non-contiguous, contiguous limited to 30 In ft) | <input type="checkbox"/> Visual Clearance only |
| <input type="checkbox"/> Adhesive by grinding or bead blasting | <input type="checkbox"/> Remote Decontamination Unit |
| <input type="checkbox"/> Wrap & cut- TSI in good condition (no containment) | <input type="checkbox"/> Smaller than standard Decontamination Unit |
| <input type="checkbox"/> Intact flooring demo by heavy equipment | <input type="checkbox"/> Shutting down NAM at night |
| <input type="checkbox"/> Roofing removal by mechanical saws/cutters | <input type="checkbox"/> Encapsulation |
| <input type="checkbox"/> Flooring by mechanical equipment/ice scrapers/pry bars | |
| <input type="checkbox"/> Enclosure | |

Note on AHERA School Projects

The Federal Asbestos –Containing Materials in Schools regulation (40 CFR Part 763) commonly referred to as “AHERA” contains specific requirements for asbestos abatement activities that may not be waived by the Department. Among these are air clearance and sample analysis protocols.

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

Name _____
Address _____
City _____ State _____ Zip _____
Contact _____
TEL _____ FAX _____

20. Disposal Site

Name _____
Address _____
City _____ State _____ Zip _____
Contact _____
TEL _____ FAX _____

21. 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 06-096 CMR 425.

Signature _____ Print Name _____
Date _____
Mailing Address _____
City _____ State _____ Zip _____
TEL _____ FAX _____

Remember

Submit completed pages 1 thru 3 of Form N for each original notification.

Submit pages 4 or 5 only as needed.

ME DEP USE ONLY

Postmark/ FAX/ hand-delivered _____
Date Received _____ Check # _____
NESHAP _____ State _____
Waiver _____

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22. 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.

Any required notification fee for the emergency project shall be received no later than 3 days after the emergency notification is submitted.

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

Signature (Emergency Notification requested by) _____

Print Name _____

Date _____

23. Notification Timeframe 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).

Any required notification fee for the notification timeframe waiver project shall be received no later than 3 days after the notification timeframe waiver notification is submitted.

Detailed Explanation _____

Signature (Notification Waiver requested by) _____

Print Name _____

Date _____

MEDEP Action on Emergency Notification or Notification Waiver Request

APPROVED DISAPPROVED (by) _____ (date) _____

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Request for Non-Standard Work Practices

Provide written justification that presents clear & convincing evidence that the asbestos project is distinctive in some way & the proposed alternative(s) to required work practices will comply with the intent of State law & rules. Written Department approval is required prior to implementation of non-standard work practice(s).

List proposed work practice alternatives

Reasons for Non-Standard Work Practices (Explain in detail, add an attachment if needed)

Design Consultant Sign-off for Non-Standard Work Practices (If other than the Design Consultant of record, a copy of this request must be forwarded to the original Design Consultant).

Signature _____

Print Name _____

Date _____

Company _____

ME Certification Number _____ DC

Address _____

DC Certification Expiration Date _____

City _____

State _____

Zip _____

TEL _____ FAX _____

MEDEP Action on Request for Non-Standard Work Practices

APPROVED DISAPPROVED (by) _____ (date) _____
