

Asbestos Project Notification Revision

State of Maine
Department of Environmental Protection Lead &
Asbestos Hazard Prevention Program 17 State House
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FORM R

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Revised 2023

Important Notice: This form may be faxed to the Department. Remember to keep a record of all notifications sent to the Department. Dates of actual removal activities may be updated at a minimum 24 hours prior to the new start date for actual removals by telephone contact with Department staff, by fax, or by other methods approved by the Department. **The revised notification submitter is responsible for ensuring that this Asbestos Project Notification Revision is received by the Department**

1. Project Code

3. Revision Information Submitter

Name

TEL

2. Revision

Address

FAX

City

State

Zip

4. Asbestos Contractor

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. Date Schedule Revisions

Change Start Date from _____ to _____

Change End Date from _____ to _____

7. Work Hours or Day Revisions

Change Work Hours to _____

Change Work Days to _____

8. Project Cancellation

Date cancelled _____

9. General Revisions

Change Contractor to _____

Change Waste Transporter to _____

Change Disposal Site to _____

10. Abatement

Increase in amount of ACM being removed

Decrease in amount of ACM being removed

Change in abatement methods

Non-Standard Work Practice not previously submitted (requires Department written approval and submission of page 5 from Form N)

Other _____

Submitter

Print Name _____

Signature _____

Date _____

MDEP USE ONLY

Postmark/FAX/Hand Delivered _____

Date Received _____