

June 13, 2019

Town Maynard
195 Main Street
Maynard, MA 01754

Schools

Re: Green Meadow School—5 Tiger Drive—Boiler Room

Dear Sir/Madam,

Please be advised that Dec-Tam Corporation will be performing an asbestos abatement project at the above referenced location. This work has been scheduled for June 26, 2019 through June 28, 2019.

All applicable local, state and federal agencies have been notified of this work. Please let me know if you have any questions.

Sincerest regards,

Bruce Sullivan

Bruce Sullivan
Sales Estimator

BS/yb
Enclosure



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

MassDEP Use Only

Date Received

1. Facility Location:

GREEN MEADOW SCHOOL

5 TIGER DRIVE

a. Name of Facility

b. Street Address

MAYNARD

MA

01734

9788971365

c. City/Town

d. State

e. Zip Code

f. Telephone

TIM GOULDING

MANAGER

g. Facility Contact Person Name

h. Facility Contact Person Title

Worksite Location:

BOILER ROOM

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

4. Blanket Permit Project Approval, if applicable:

Approval ID #

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

Approval ID #

6. Asbestos Contractor:

DEC-TAM CORPORATION

50 CONCORD ST

a. Name

b. Address

NORTH READING

MA

01864

9784702860

c. City/Town

d. State

e. Zip Code

f. Telephone

AC000035

h. Contract Type: 1. Written 2. Verbal

g. DLS License #

7. LUCAS H. ALMONTE

AS901120

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

b. DLS Certification #

8. VERTEX

AA000202

a. Name of Project Monitor

b. DLS Certification #

9. THE VERTEX COMPANIES, INC.

AA000232

a. Name of Asbestos Analytical Lab

b. DLS Certification #

10.

6/26/2019

6/28/2019

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

b. End Date (MM/DD/YYYY)

7.30AM-4PM

N/A

c. Work Hours - Monday Through Friday

d. Work Hours - Saturday & Sunday

11. What type of project is this?

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



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

100310300

Asbestos Project #

Project Revision

Project Cancellation

A. Asbestos Abatement Description: (cont.)

12. Abatement procedures (check all that apply):

a. Glove Bag b. Encapsulation c. Enclosure d. Disposal Only e. Cleanup

f. Full Containment g. Other - Please Specify: _____

13. Job is being conducted: a. Indoors b. Outdoors

14 a. Total amount of each type of asbestos Containing materials (ACM) to be removed, enclosed, or encapsulated:

	800		
1. Linear Feet (Lin. Ft.)			2. Square Feet (Sq. Ft.)
b. Boiler, Breaching, Duct, Tank Surface Coatings	800		c. Transite Pipe
	1. Lin. Ft.	2. Sq. Ft.	1. Lin. Ft. 2. Sq. Ft.
d. Pipe Insulation			e. Transite Shingles
	1. Lin. Ft.	2. Sq. Ft.	1. Lin. Ft. 2. Sq. Ft.
f. Spray-On Fireproofing			g. Transite Panels
	1. Lin. Ft.	2. Sq. Ft.	1. Lin. Ft. 2. Sq. Ft.
h. Cloths, Woven Fabrics			i. Other - Please Specify:
	1. Lin. Ft.	2. Sq. Ft.	
j. Insulating Cement			
	1. Lin. Ft.	2. Sq. Ft.	1. Lin. Ft. 2. Sq. Ft.

15. Describe the decontamination system(s) to be used:

THREE STAGE

16. Describe the containerization/disposal methods to comply with 310 CMR 7.15 and 453 CMR 6.14(2) (g):

MATERIALS WILL BE WETTED AND PLACED IN DOUBLE BAGS AND LABELLED FOR TRANSPORTATION

17. For Emergency Asbestos Operations, the MassDEP and DLS officials who evaluated the emergency:

a. Name of MassDEP Official

b. Title of MassDEP Official

c. Date of Authorization (MM/DD/YYYY)

d. Waiver #

e. Name of DLS Official

f. Title of DLS Official

g. Date of Authorization (MM/DD/YYYY)

h. Waiver #

18. Do prevailing wage rates as per M.G.L. c. 149, § 26, 27 or 27A-F apply to this project? a. Yes b. No



B. Facility Description

1. Current or prior use of facility: SCHOOL

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

3. TOWN MAYNARD 195 MAIN STREET
 a. Facility Owner Name b. Address
MAYNARD MA 01734 9788971365
 c. City/Town d. State e. Zip Code f. Telephone

4. TIM GOULDING 195 MAIN STREET
 a. Name of Facility Owner's On-Site Manager b. Address
MAYNARD MA 01734 9788971365
 c. City/Town d. State e. Zip Code f. Telephone

5. DEC-TAM CORPORATION 50 CONCORD STREET
 a. Name of General Contractor b. Address
NORTH READING MA 01864 9784702860
 c. City/Town d. State e. Zip Code f. Telephone

STATE NATIONAL INSURANCE COMPANY
 g. Contractor's Worker's Compensation Insurer
NFAO867332 12/28/2019
 h. Policy # i. Expiration Date (MM/DD/YYYYY)

6. What is the size of this facility? 100000 2
 a. Square Feet b. # of Floors

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

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

DEC-TAM CORPORATION 50 CONCORD STREET
 c. Name of Transporter d. Address
NORTH READING MA 01864 9784702860
 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:

RED TECHNOLOGIES 173 PICKERING STREET
 a. Name of Transporter b. Address
PORTLAND CT 06480 8608944605
 c. City/Town d. State e. Zip Code f. Telephone



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

100310300

Asbestos Project #

Project Revision

Project Cancellation

C. Asbestos Transportation & Disposal: (cont.)

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

<u>DEC-TAM CORPORATION</u>		<u>50 CONCORD STREET</u>	
a. Temporary Storage Location Name		b. Address	
<u>NORTH READING</u>	<u>MA</u>	<u>01864</u>	<u>9784702860</u>
c. City/Town	d. State	e. Zip Code	f. Telephone

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

<u>MINERVA LANDFILL</u>		<u>BRUCE SULLIVAN</u>	
a. Final Disposal Site Name		b. Final Disposal Site Owner Name	
<u>9000 MINERVA ROAD</u>			
c. Address			
<u>WAYNESBURG</u>	<u>CH</u>	<u>44688</u>	<u>3308663435</u>
d. City/Town	e. State	f. Zip Code	g. Telephone

Note: Contractor must sign this form for DLS notification purposes

D. Certification

"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."

<u>BRUCE SULLIVAN</u>
1. Name
<u>SALES</u>
3. Position/Title
<u>9784702860</u>
5. Telephone
<u>50 CONCORD STREET</u>
7. Address
<u>MA</u>
9. State

<u>BRUCE SULLIVAN</u>
2. Authorized Signature
<u>6/12/2019</u>
4. Date (MM/DD/YYYY)
<u>DEC-TAM CORPORATION</u>
6. Representing
<u>NORTH READING</u>
8. City/Town
<u>01864</u>
10. Zip Code