



# Commonwealth of Massachusetts

## Asbestos Notification Form ANF-001

100007067

Decal Number

Affix Asbestos Notification Decal Here

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



### INSTRUCTIONS

1. All sections of this form must be completed in order to comply with DEP notification requirements of 310 CMR 7.16 and the Division of Occupational Safety (DOS) notification requirements of 453 CMR 6.12

### A. Asbestos Abatement Description

1. a. Is this facility fee exempt - city, town, district, municipal housing authority, owner-occupied residence of four units or less?  Yes  No

b. Provide blanket decal number if applicable:

Blanket Decal Number

2. Facility Location:

MCCOY FIELD

a. Name of Facility

New Bedford

c. City/Town

MA

d. State

229 HATHAWAY BOULEVARD

b. Street Address

02740

e. Zip Code

f. Telephone Number

3. Worksite Location:

MCCOY FIELD

a. Building Name/Building Location

b. Building #

c. Wing

d. Floor

e. Room

4. Is the facility occupied?  Yes  No

5. Asbestos Contractor:

CHARTER ENVIRONMENTAL INC

a. Name

CHELSEA

c. City/Town

02154

d. Zip Code

AC000426

f. DOS License Number

h. Facility Contact Person

TIMOTHY J TARGZAL

a. Name of On-Site Supervisor/Foreman

AXIOM PARTNERS, INC.

a. Name of Project Monitor

HYGIENETICS LABORATORY

a. Name of Asbestos Analytical Lab

08/02/2004

a. Project Start Date (mm/dd/yyyy)

7AM-330PM

c. Work hours Mon-Fri.

85 CRESCENT AVENUE

b. Address

6178892228

c. Telephone Number

g. Contract Type:  Written  Verbal

i. Contact Person's Title

AS900216

b. Supervisor/Foreman DOS Certification Number

AM030189

b. Project Monitor DOS Certification Number

AA000036

b. Asbestos Analytical Lab DOS Certification Number

09/02/2004

b. End Date (mm/dd/yyyy)

NONE

d. Work hours Sat-Sun.

10. a. What type of project is this?

- Demolition
- Renovation
- Repair
- Other, please specify:

b. Describe

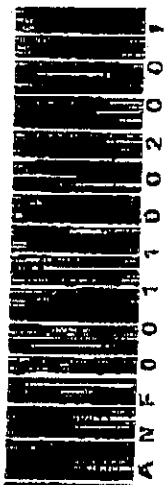
11. a. Check abatement procedures:

- Glove bag
- Enclosure
- Cleanup
- Full containment
- Encapsulation
- Disposal only
- Other, specify:

b. Describe

12. Is the job being conducted:  Indoors?  Outdoors?

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A. Asbestos Abatement Description (cont.)

13. Total amount of each type of Asbestos Containing Materials (ACM) to be removed, enclosed, or encapsulated:

150	0				
a. Total pipes or ducts (linear ft)	b. Total other surfaces (square ft)	d. Insulating cement			
c. Boiler, breaching, duct, tank surface coatings		f. Trowel/Sprayer coatings			
e. Corrugated or layered paper pipe insulation		h. Transite board, wall board			
g. Spray-on fireproofing		j. Other, please specify:	150		
i. Cloths, woven fabrics		TRANSITE PIPE			
k. Thermal, solid core pipe insulation		l. Specify			

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

FULL CONTAINMENT WITH THREE STAGE DECON AND WASH STATION

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

ALL ACM SHALL BE HANDLED WET

16. For Emergency Asbestos Operations, the DEP and DOS officials who evaluated the emergency:

a. Name of DEP Official	b. Title
c. Date (mm/dd/yyyy) of Authorization	d. DEP Waiver #
e. Name of DOS Official	f. DOS Official Title
g. Date (mm/dd/yyyy) of Authorization	h. DOS Waiver #

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

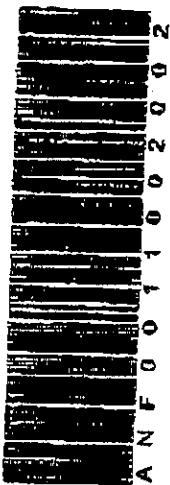
B. Facility Description

1. Current or prior use of facility: RECREATION FIELD

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

3. a. Facility Owner Name: CITY OF NEW BEDFORD  
 b. Address: 455 COUNTY STREET  
 c. City/Town: NEW BEDFORD  
 d. Zip Code: 02740  
 e. Telephone Number (area code and extension): 508-985-9746

4. a. Name of Facility Owner's On-Site Manager: WILLIAM DOCARMO  
 b. On-Site Manager Address:  
 c. City/Town:  
 d. Zip Code:  
 e. Telephone Number (area code and extension):





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## B. Facility Description (cont.)

5. **WES CONSTRUCTION**

a. Name of General Contractor

b. Address

c. City/Town

d. Zip Code

e. Telephone Number (area code and extension)

f. Contractor's Worker's Comp. Insurer

g. Policy Number

h. Exp. Date (mm/dd/yyyy)

6. What is the size of this facility?

a. Square Feet

b. Number of floors

## C. Asbestos Transportation and Disposal

1. Transporter of asbestos-containing material from site to temporary storage site (if necessary):

a. Name of Transporter

b. Address

c. City/Town

d. Zip Code

e. Telephone Number

2. Transporter of asbestos-containing waste material from removal/temporary site to final disposal site:

**AMERITECH**

a. Name of Transporter

b. Address

c. City/Town

d. Zip Code

e. Telephone Number

3. Refuse Transfer Station and Owner

a. Refuse Transfer Station and Owner

b. Address

c. City/Town

d. Zip Code

e. Telephone Number

4. **WASTE SYSTEMS INCORPORATED**

a. Final Disposal Site Location Name

b. Final Disposal Site Location Owner's Name

**90 ROCHESTER NECK**

c. Final Disposal Site Address

**ROCHESTER**

d. City/Town

**NH**

e. State

f. Zip Code

g. Telephone Number

Note: Transfer Stations must comply with the Solid Waste Division Regulations 310 CMR 19.000

## D. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 483 CMR 8.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

**ED PRICE**

a. Name

b. Authorized Signature

c. Position/Title

**07/16/2004**

d. Date (mm/dd/yyyy)

e. Telephone Number

f. Representing

g. Address

h. City/Town

i. Zip Code

ANF001002003

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Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Air Quality

100007067  
Decal Number

**Project Revision Notification**

For Asbestos Notification ANF-001 and AQ 06

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**A. Facility Location**

**MCCOY FIELD**  
1. Name of Facility

**225 HATHAWAY BOULEVARD**  
2. Street Address

**NEW BEDFORD**  
3. City

**MA**  
4. State

**01901**  
5. Zip Code

6. Telephone Number

**B. Project Cancelled**

Check here if this project is/was cancelled.

**C. Project Dates**

**08/02/2004**  
1. Original Start Date (mm/dd/yyyy)

**09/02/2004**  
2. Original End Date (mm/dd/yyyy)

**08/02/2004**  
3. Latest Revised Start Date (mm/dd/yyyy)

**09/02/2004**  
4. Latest Revised End Date (mm/dd/yyyy)

**D. Revised Project Dates**

**08/09/2004**  
1. Revised Start Date (mm/dd/yyyy)

**09/09/2004**  
2. Revised End Date (mm/dd/yyyy)

**E. Other Project Revisions**

[Empty box for other project revisions]

**F. Revision History**

[Empty box for revision history]

**INSTRUCTIONS**

1. This form is only available for online filing of project date revisions.
2. Enter project decal number.
3. Validate that the project location is correct for the entered decal.
4. Enter your new project dates.
5. Certify your notification. Submit date changes.



Massachusetts Department of Environmental Protection  
Bureau of Waste Prevention – Air Quality

100007067  
Decal Number

# Project Revision Notification

For Asbestos Notification ANF-001 and AQ 06

## G. Certification

The undersigned hereby states, under the penalties of perjury, that he/she has read the Commonwealth of Massachusetts regulations for the Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00 and 310 CMR 7.15, and that the information contained in this notification is true and correct to the best of his/her knowledge and belief.

<b>EDWARD PRICE</b>	Authorized Signature
1. Name	02/05/2004
2. Position/Title	3. Date (mm/dd/yyyy)
4. Representing	5. Telephone
6. Address	8. Zip Code
7. City/Town	

eDEP: Print Receipt

**Submittal Summary & Receipt**

Your submission is complete. Thank you for using DEP's online reporting system. You can select "My Homepage" to review your status.

DEP Transaction ID: 13347  
Date and Time Submitted: 8/5/2004 2:18:52 PM

Form Name: ANF-001 and AQ 06 Project Date Revision Notification

DECAL # and Facility information

Form Name: ANF001

DECAL # : 100007067

Facility Name: MCCOY FIELD

Address: 225 HATHAWAY BOULEVARD, NEW BEDFORD, MA

Original Project Dates

Start Date: 8/2/2004 - End Date: 9/2/2004

Revised Project Dates

Start Date - End Date

