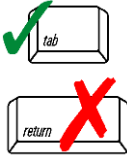




Massachusetts Department of Environmental Protection
Bureau of Air & Waste
BWP AQ 05 Asbestos Blanket Notification

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



1. Brief Project Description

☐ Limited Maintenance Activity

☐ Large Scale Asbestos Abatement Project (LSAAP)

(LSAAP's are issued on a building-by-building basis during periods of planned renovations only.)

2. Facility Information

Facility Name

Facility Address

Facility Contact

Title

Facility Phone

Facility Owner(s)

Facility Town or City

Phone/Email Address

Present Use of Facility/Building

Past Use of Facility/Building

Age of Facility/Building

Size of Facility/Building

Number of Structures

Description of Surrounding Area

☐ Residential

☐ Commercial

☐ Rural

☐ Industrial

☐ Institutional

3. Reason For Request of Blanket

To avoid lengthy delays in processing/evaluation/approval of request for blanket notification, include specifics as necessary i.e.: nature of facility, size of facility, unique nature of project, etc. Submit attachments as necessary.

4. Description of Asbestos Abatement LMA/LSAAP This Application Covers

Include amounts and types of asbestos containing material involved specifications, floor plans, activity schedules etc. which may further help to describe abatement operations. Submit attachments as necessary.

5. Project Schedule

Estimated Start Date (MM/DD/YYYY)

Estimated End Date (MM/DD/YYYY)

Please Note: Each individual blanket notification may be used for projects undertaken within the approved time period only.

Note: Blankets are issued for a period of not more than 12 months and cannot be extended.



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Note: If more than one contractor is involved; please list all contractors and respective scope(s) of work on attachment.

6. Asbestos Contractor Information

Name	Street Address	City/Town
DLS Contractor Certification No.	Expiration Date (MM/DD/YYYY)	Phone/Email Address

7. On-Site Storage

Specific Location of Secured Storage Area	Individual Responsible for Security
	Title

8. 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. I am aware that this permit application or notification shall not be deemed valid unless payment of the applicable fee is made."

Signature
Printed Name
Title
Date (MM/DD/YYYY)

9. Submission of Application

Note: MassDEP review will begin only after your submissions have been received at both locations.

STEP 1: Submit Application	STEP 2: Submit Fee Payment
<p>Send the following materials to the appropriate MassDEP Regional Office*, Attention: Asbestos Section:</p> <p><input type="checkbox"/> This original completed and signed form.</p> <p><input type="checkbox"/> A copy of the check/money-order from Step 1.</p> <p><input type="checkbox"/> Any attachments to this form.</p> <p><input type="checkbox"/> All supporting documentation.</p> <p>*Find the MassDEP Regional Office for the community where this work will be done: http://www.mass.gov/eea/agencies/massdep/about/contacts/</p>	<p>Send the materials below to:</p> <p>MassDEP P.O. Box 4062 Boston, MA 02211</p> <p><input type="checkbox"/> A copy of this completed and signed form.</p> <p><input type="checkbox"/> Fee payment of \$200 (check or money order payable to "Commonwealth of Massachusetts").</p> <p>Please Note: Decals may no longer be used to pay Blanket Notification fees.</p>