

Massachusetts Department of Environmental Protection Bureau of Air & Waste

AQ 36 Application for Non-Traditional Asbestos Abatement Work Practice Approval

A. Work Site Information

Important: When completing forms on a computer, use only the tab key to move your cursor - do not



use the return key.



acility Name or Site Description		
Facility Address		
City/Town	State	ZIP Code
Owner		
Owner Name		
Owner Address		
City/Town	State	ZIP Code
Telephone Number	Email Address	
Applicant - ☐ Check here if same as Owner and sk	ip to next section. Otherwise, con	nplete fields below.
Applicant Name		
Applicant Address		
City/Town	State	ZIP Code
	State Email Address	ZIP Code
City/Town Telephone Number		ZIP Code
City/Town Telephone Number Project Information	Email Address	ZIP Code
City/Town Telephone Number	Email Address	ZIP Code
City/Town Telephone Number Project Information Asbestos Project Designer & Consulting Serv	Email Address	ZIP Code
City/Town Telephone Number Project Information	Email Address	
City/Town Telephone Number Project Information Asbestos Project Designer & Consulting Serv Asbestos Project Designer Name	Email Address vice Provider	
City/Town Telephone Number Project Information Asbestos Project Designer & Consulting Serv Asbestos Project Designer Name DLS Project Designer License Number Consulting Service Provider Name	Email Address vice Provider	M/DD/YYYY)
City/Town Telephone Number Project Information Asbestos Project Designer & Consulting Serv Asbestos Project Designer Name DLS Project Designer License Number	Email Address vice Provider Expiration Date (MM	M/DD/YYYY)
City/Town Telephone Number Project Information Asbestos Project Designer & Consulting Serv Asbestos Project Designer Name DLS Project Designer License Number Consulting Service Provider Name DLS Consulting Service Certification Number	Email Address vice Provider Expiration Date (MM	M/DD/YYYY)

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Asbestos Project Monitor & Consulting Service Provider

	•				
Asb	estos Project Monitor Name				
DLS	S Asbestos Project Monitor Certification Number	Expiration Date (MM	/DD/YYYY)		
Con	nsulting Service Provider Name				
DLS	S Consulting Service Certification Number	Expiration Date (MM	/DD/YYYY)		
Add	Iress				
City	/Town	State	ZIP Code		
Tele	ephone Number	Email Address			
Asl	bestos Abatement Contractor				
Con	ntractor Name				
DLS Contractor Certification Number		Expiration Date (MM/DD/YYYY)			
Add	Iress				
City	/Town	State	ZIP Code		
Telephone Number		Email Address			
Dei	molition Contractor (If Applicable)				
Con	ntractor Name				
Add	Iress				
City	/Town	State	ZIP Code		
Tele	ephone Number	Email Address			
	cumstances – Explain why a Non-Traditional Asbesto		ractice Approval is peeded		
	• •		• •		
	Facility is being demolished under a state or local government order because it is structurally unsound and in danger of imminent collapse. (Please attach a copy of the order to your work plan proposal.)				
	Asbestos Containing Material (ACM) or Asbestos Containing Waste Material (ACWM) was not accessible for testing, thus not discovered until after demolition began and, as a result, cannot be safely removed.				
	Abatement activity is being conducted as part of an emergency renovation operation.				
	sbestos abatement activity is being conducted to clean up and decontaminate all or part of a facility where:				
	☐ Previous asbestos abatement activities were no	t conducted in complia	ance with 310 CMR 7.15, or		
	☐ ACM deterioration, if not immediately attended t	to, would present a sa	fety or public health hazard.		
	Wetting during a facility renovation would unavoidably damage equipment or present a safety hazard.				
	The project requires bulk loading of ACM and/or ACWM.				

Note: Check all applicable boxes.



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B. Project Information (continued)

ist the requirements of 310 CMR 7.15 that you are unable to comply with and explain why:		
Other Project Details		
Project Start Date:	Project End Date:	
MM/DD/YYYY	MM/DD/YYYY	
Types & Amounts of ACM and/or ACWM Requiring Non-	Fraditional Asbestos Abatement Work Practice(s):	
☐ Friable	☐ Non-Friable	
Quantity in Cubic Meters (Cubic Yards)	Quantity in Cubic Meters (Cubic Yard	
Location(s) of ACM in the Facility:		
Certification		
ertify that I have personally examined the foregoing and		
familiar with the information contained in this document all attachments and that, based on my inquiry of those	Signature	
viduals immediately responsible for obtaining the rmation, I believe that the information is true, accurate, complete. I am aware that there are significant	Printed Name	
alties for submitting false information, including sible fines and imprisonment. I am aware that this	Title	
mit application or notification shall not be deemed valid ess payment of the applicable fee is made."	Date (MM/DD/YYYY)	

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D. 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
Send the following materials to the appropriate	Send the materials below to this address:
MassDEP Regional Office*, Attention: Asbestos Section:	MassDEP P.O. Box 4062
☐ This original completed and signed form.	Boston, MA 02211
☐ A copy of the check or money order referenced in Step 2.	☐ A copy of this completed and signed form.☐ Fee payment of \$600* (check or money order
☐ Your proposed work plan, describing work practices, duration, and schedule. The proposal must:	payable to "Commonwealth of Massachusetts"). *The following entities are exempt from this fee: • Cities, towns, counties or districts of the
 Include signature of the Asbestos Project Designer who prepared it. Demonstrate that the deviations from 310 CMR 	Commonwealth Federally recognized Indian tribe housing authorities
7.15 and alternatives proposed will not cause any visible emissions to the outside air or pose significant risk to public health, safety or the environment.	 Municipal housing authorities The Massachusetts Bay Transportation Authority (MBTA)
	Is this a fee-exempt project? ☐ Yes ☐ No
☐ All supporting documentation.	NOTE: Entities that are exempt from the fee must still
*Find the MassDEP Regional Office for the community where this work will be done: https://www.mass.gov/service-details/massdep-	submit a copy of this completed and signed form, withou payment, to the P.O. box above.
regional-offices-by-community	