



Department of Environmental Protection


eDEP Online Filing System Screen-by-Screen Guidance for Completing the Detailed Notification Form (Step 1 of Online Filing Process)

AQ 04 ASBESTOS NOTIFICATION FORM (ANF-001)


August 2019

For further information or assistance, contact: BAW.eDEP@mass.gov

AQ 04 (ANF-001) Pre-Form:

MassDEP's Online Filing System

AQ 04 - Asbestos Removal Notification Form ANF-001 - Transaction #1118243



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

☐

This is a revision to an existing form.
Project ID for existing form to be revised: **ENTER EXISTING PROJECT NUMBER HERE**

☐

This job is being conducted under a Blanket Permit.
MassDEP assigned Blanket Authorization ID: **ENTER BLANKET NUMBER (IF APPLICABLE)**

☐

This job is being conducted under a Non Traditional Abatement Work Practice Permit.
MassDEP assigned Non Traditional Work Practice Authorization ID: **ENTER NT NUMBER (IF APPLICABLE)**

☐

This job does not require the use of an asbestos contractor licensed by the MA Department of Labor Standards because (please check one box below): **THIS OPTION IS COMMONLY USED BY ROOFING CONTRACTORS, WEATHERIZATION CONTRACTORS, UTILITY CONTRACTORS WORKING ON A/C PIPE, PLUMBERS/ELECTRICIANS, HOMEOWNERS, ETC.**

☐

This job involves breaking, shearing or slicing of non-friable asbestos-containing material only (e.g. cement shingles/panels, cement pipe, asphalt roofing or siding, vinyl floor tiles, etc.) in a manner that does not generate asbestos dust or render the material friable, as allowed by the Department of Labor Standards (DLS) at 453 CMR 6.13(2)(a)5. All work must be done in compliance with the applicable regulations at 310 CMR 7.15; or

☐

This job involves work on asbestos containing material that is classified by the Department of Labor Standards (DLS) as a 'Small-Scale Asbestos Project,' an 'Asbestos-Associated Project,' or an 'Asbestos Response Action' by qualified 'in-house' personnel as allowed by the Department of Labor Standards (DLS) at 453 CMR 6.00, and will be performed in accordance with all the requirements of 453 CMR 6.13 (1)(a), 453 CMR 6.13 (2)(a)1. and 3., and 453 CMR 6.14 (1)(a), as applicable. All work must be done in compliance with the applicable regulations at 310 CMR 7.15.


☐

One of the above conditions apply, generate a new form. **MOST NEW NOTIFICATIONS FOR WORK BY A LICENSED ASBESTOS CONTRACTOR CHECK THIS BOX**

The Pre-form is where you enter the Blanket and/or NT numbers, choose to revise an existing form, begin a new form for a project that doesn't require the use of a licensed contractor, or begin a new form for any other situation.

- Click the "check box" to the left of the option applicable to your form:
 - If you check "Revision", "Blanket", or "NT" box, you will be required to enter the applicable numbers.
 - For revisions, use the 9-digit project ID number of the original notification that you are revising (appears in the upper right corner of the original notification form).
 - IMPORTANT: the system will not allow the user to revise a form for which the project end date has expired. If the project end date has expired, the user will need to submit a new notification.
 - All Blanket numbers must contain "BL"; all NT numbers must contain "NT".

AQ 04 (ANF-001) Sections A1 – 5:

	Massachusetts Department of Environmental Protection BWP AQ 04 (ANF-001) Asbestos Notification Form	100288177 Asbestos Project # <input type="checkbox"/> Project Revision <input type="checkbox"/> Project Cancellation

A. Asbestos Abatement Description

1. Facility Location:

<input type="text"/>		<input type="text"/>	
a. Name of Facility	b. Street Address		
<input type="text" value="--select--"/>	<input type="text"/>	<input type="text"/>	
c. City/Town	d. State	e. Zip Code	f. Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	
g. Facility Contact Person Name		h. Facility Contact Person Title	
<input type="text"/>		<input type="text"/>	
Worksite Location:		i. Building Name, Wing, Floor, Room, etc.	
<input type="text"/>		<input type="text"/>	

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

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 #

MassDEP Use Only

1. Fill in all fields in A1 "Facility Location".
2. Check the appropriate box for A2 and 3.
3. A4 and 5 will be pre-populated based on the information provided in the Pre-Form.

Note: The Timely Action Schedule and Fee Provisions regulation at 310 CMR 4.00 stipulates that fees must be submitted by the applicant or permittee. Specifically under 310 CMR 4.02, an applicant or permittee is defined as a Person which includes "Any individual, trust, firm, public or private corporation or authority, partnership, association or other entity or any group thereof or any officer, employee, or agent thereof,..." However, the regulation also exempts specific categories of "Person" as listed below:

- Cities, towns, counties, and districts of the Commonwealth [310 CMR 4.02];
- Federally recognized Indian tribe housing authorities [310 CMR 4.02];
- Municipal housing authorities [310 CMR 4.02];
- State agency applicants [310 CMR 4.10(1)(c)];¹

¹ An "agency" of the commonwealth which is defined in Massachusetts General Laws Chapter 29, Section 1 through "agency head" or "department head", as the administrative head of a state agency, department, board, bureau, office or division of the commonwealth who has been authorized through legislation to obligate and expend funds, comply with legislative mandates and make any certifications or approvals required under this chapter or other state or federal laws or regulations requiring an agency head certification or approval. "Authorities" are set up differently by the state legislature through specific legislation, have both public and private types of funding sources and are not part of the state executive branch.

- Residential properties of four units or less **owned and occupied by at least one resident** [310 CMR 4.10(2)(f)2.]; and
- The Massachusetts Bay Transportation Authority pursuant to M.G.L. c. 161A, §24 [310 CMR 4.02].

AQ 04 (ANF-001) Sections A6 – 13:

MassDEP Use Only		Approval ID #	
Date Received			
6. Asbestos Contractor:			
a. Name		b. Address	
c. City/Town	d. State	e. Zip Code	f. Telephone
g. DLS License #		h. Contract Type: <input type="checkbox"/> 1. Written <input type="checkbox"/> 2. Verbal	
7. a. Name of Contractor's On-Site Supervisor/Foreman		b. DLS Certification #	
8. a. Name of Project Monitor		b. DLS Certification #	
9. a. Name of Asbestos Analytical Lab		b. DLS Certification #	
10. a. Project Start Date (MM/DD/YYYY)		b. End Date (MM/DD/YYYY)	
c. Work Hours - Monday Through Friday		d. Work Hours - Saturday & Sunday	
11. What type of project is this?			
<input type="checkbox"/> a. Demolition <input type="checkbox"/> b. Renovation <input type="checkbox"/> c. Repair <input type="checkbox"/> d. Other - Please Specify:			
12. Abatement procedures (check all that apply):			
<input type="checkbox"/> a. Glove Bag <input type="checkbox"/> b. Encapsulation <input type="checkbox"/> c. Enclosure <input type="checkbox"/> d. Disposal Only <input type="checkbox"/> e. Cleanup <input type="checkbox"/> f. Full Containment			
<input type="checkbox"/> g. Other - Please Specify:			
13. Job is being conducted:			
<input type="checkbox"/> a. Indoors <input type="checkbox"/> b. Outdoors			

- Fill out the applicable information for A6-A9. Fill in only the fields for the DLS license/certification #'s. The fields with the corresponding names and addresses will be populated from the online database when you click "Error Check & Next".
 - If you get an error message after you click "Error Check & Next" at the end of the form that says "License # is not recognized", please check to make sure you typed the DLS License and Certification Numbers for the asbestos contractor, on-site supervisor/foreman, project monitor, and asbestos analytical lab number correctly.
 - If the project does not require the use of a DLS-licensed asbestos contractor, then the DLS certification numbers for A6 and 7 will be auto-populated based on the information you provided in the Pre-Form. When you click "Error Check & Next", the asbestos contractor and asbestos supervisor fields will indicate a "Non-licensed Removal".

- For the project monitor and analytical laboratory information (A8 and 9) for a “Non-licensed Removal” notification, enter the DLS certification number in the appropriate data field, if a DLS licensed provider is being used on the project. Or if a DLS licensed provider is not being used, then you can simply enter “N/A” in the “DLS Certification #” data fields and leave the “Name” data fields blank.
2. Enter A10a “Project Start Date” and 10b “End Date”. These dates are critically important to the notification. Work cannot begin until after the 10 working day waiting period specified by MassDEP’s regulation has elapsed. **Starting an asbestos abatement project before the end of the 10-working day waiting period is a violation of the asbestos regulations and may result in enforcement action, including a civil administrative penalty.**
- If you cannot wait 10 working days before starting an asbestos project, you must obtain an emergency waiver of the 10-day notification requirement from MassDEP and DLS before starting work.
 - If you plan to change the original start date or end date indicated in the ANF-001 you have filed, you **MUST** file a notification revision.
3. For A12, if you are conducting abatement activities in accordance with one of the material specific work practices, please specify in box “g” which work practices will be followed. Example citations include the following, which you will probably need to abbreviate to fit in the allowed field character length:
- removal of **asphaltic roofing and siding** in accordance with 310 CMR 7.15(10);
 - removal of **window glazing/caulking** in accordance with 310 CMR 7.15(11);
 - removal of exterior **cement shingles, siding and panels** in accordance with 310 CMR 7.15(12);
 - removal of **asbestos-cement pipe** in accordance with 310 CMR 7.15(12A);
 - removal of **floor tile** as incidental maintenance in accordance with 310 CMR 7.15(13)(b);
 - removal of **gypsum wallboard and/or joint compound** as incidental maintenance in accordance with 310 CMR 7.15(13)(c)

AQ 04 (ANF-001) Sections A14 – 18:

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

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

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

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

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

<input type="text"/>	<input type="text"/>
a. Name of MassDEP Official	b. Title of MassDEP Official
<input type="text"/>	<input type="text"/>
c. Date of Authorization (MM/DD/YYYY)	d. Waiver #
<input type="text"/>	<input type="text"/>
e. Name of DLS Official	f. Title of DLS Official
<input type="text"/>	<input type="text"/>
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

- For A14, enter the quantities of ACM to be worked on in the itemized list of individual materials. If the material is not shown, enter the material in the "Other" data field. For multiple materials, you may need to be creative with abbreviations as the "Other" data field allows only a very limited number of characters. The sum of itemized quantities will be automatically totaled in Lines A14a1. and A14a2.
- For A17, "Emergency Asbestos Operations", enter an emergency waiver number if you are unable to wait the requisite 10 working-day notification wait period. All the fields in this section should be left **COMPLETELY BLANK** if the project start date you entered in Item A10a respects the 10 working-day notification wait period.
 - If an emergency waiver is required, you will need to first contact the MassDEP regional office that covers the municipality in which an asbestos abatement project is located to request an emergency waiver. Where deemed appropriate, MassDEP will issue an

emergency waiver number, which can then be used to notify DLS using their online electronic emergency waiver system. Once both the MassDEP emergency waiver number and the DLS online emergency waiver number are obtained, you can fill out this section.

- To locate the regional office for the town in which you are working, please go to the MassDEP website at the following URL: <https://www.mass.gov/service-details/massdep-regional-offices-by-community>. Simply call the service center and ask for the asbestos program staff to request the emergency waiver.
- For more information about the emergency waiver process specific to the AQ04 Asbestos Removal Notification Form, please refer to Question 12 in the online “Instructions and Supporting Materials” <https://www.mass.gov/media/1687806>.

AQ 04 (ANF-001) Sections B1 – 6:

B. Facility Description

1. Current or prior use of facility:		<input type="text"/>	
2. Is the facility owner-occupied residential with 4 units or less?		<input type="checkbox"/> a. Yes <input type="checkbox"/> b. No	
3.		<input type="text"/>	
a. Facility Owner Name		b. Address	
<input type="text"/>		<input type="text"/>	
c. City/Town	d. State	e. Zip Code	f. Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.		<input type="text"/>	
a. Name of Facility Owner's On-Site Manager		b. Address	
<input type="text"/>		<input type="text"/>	
c. City/Town	d. State	e. Zip Code	f. Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.		<input type="text"/>	
a. Name of General Contractor		b. Address	
<input type="text"/>		<input type="text"/>	
c. City/Town	d. State	e. Zip Code	f. Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Contractor's Worker's Compensation Insurer			
<input type="text"/>		<input type="text"/>	
h. Policy #		i. Expiration Date (MM/DD/YYYY)	
<input type="text"/>		<input type="text"/>	
6. What is the size of this facility?		<input type="text"/>	
		a. Square Feet	b. # of Floors
		<input type="text"/>	<input type="text"/>

Fill out all the fields in this section completely.

Please re-enter the facility owner name and address. Do not enter “same”. This is important information to determine the validity of the fee exempt status (Section A3).

AQ 04 (ANF-001) Sections C1 – 4:

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

<input type="text"/>		<input type="text"/>	
c. Name of Transporter		d. Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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:

<input type="text"/>		<input type="text"/>	
a. Name of Transporter		b. Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. City/Town	d. State	e. Zip Code	f. Telephone

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

<input type="text"/>		<input type="text"/>	
a. Temporary Storage Location Name		b. Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. City/Town	d. State	e. Zip Code	f. Telephone

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

<input type="text"/>		<input type="text"/>	
a. Final Disposal Site Name		b. Final Disposal Site Owner Name	
<input type="text"/>		<input type="text"/>	
c. Address		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. City/Town	e. State	f. Zip Code	g. Telephone

Note: Contractor must sign this form for DLS notification purposes

1. Fill out all the fields in this section completely.
2. If you check Box C1a "Directly to Landfill", you will not be able to enter any data in C2 and C3. In that case, you enter all the transporter information in C1c-C1h as this is the only transporter involved from the site of generation to the final disposal site.
3. If you check Box C1b. "To Temporary Storage Location/Transfer Station", you must provide information in all three sections: C1, C2 and C3.
 - C1 is for the information on the first transporter from the site of generation to the temporary storage location/transfer station;
 - C2 is for the information on the final transporter from the temporary storage location/transfer station to the final disposal site; and
 - C3 is for the name and address of the temporary storage location/transfer station.
4. C4 is where you enter the information on the final disposal site (asbestos landfill). This information is required under either scenario (i.e. direct to disposal or via temporary storage location).

AQ 04 (ANF-001) Sections D1 – 10:

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."

<input type="text"/>	<input type="text"/>
1. Name	2. Authorized Signature
<input type="text"/>	<input type="text"/>
3. Position/Title	4. Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
5. Telephone	6. Representing
<input type="text"/>	<input type="text"/>
7. Address	8. City/Town
<input type="text"/>	<input type="text"/>
9. State	10. Zip Code

Fill out D1 through 10, excluding D2. D2 will auto-populate later during the "Signature Certification" step in the notification process. **NOTE: REMEMBER HOW YOU ENTER YOUR NAME IN D1. WHEN YOU COMPLETE THE SIGNATURE CERTIFICATION STEP LATER ON, YOU WILL NEED TO ENTER YOUR NAME EXACTLY THE SAME WAY.**