Commonwealth of Massachusetts
Executive Office of Energy & Environmental Affairs

Department of Environmental Protection

eDEP Online Filing System Screen-by-Screen Guidance for Completing the Detailed Notification Form

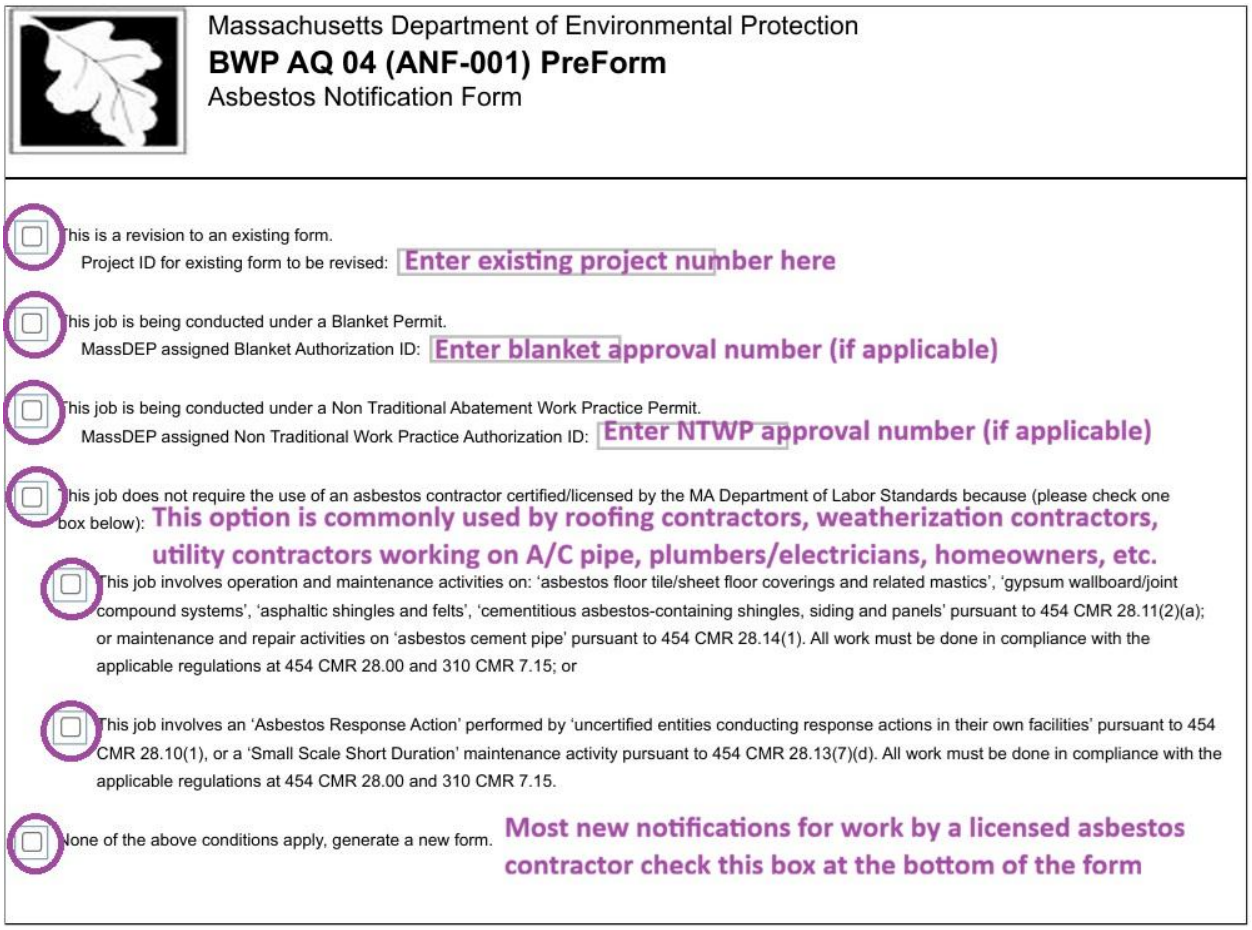
(Step 1 of Online Filing Process)

AQ 04 ASBESTOS NOTIFICATION FORM (ANF-001)

September 2026

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

AQ 04 (ANF-001) Pre-Form:



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 approval 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 NTWP approval number (if applicable)

☐ This job does not require the use of an asbestos contractor certified/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 operation and maintenance activities on: 'asbestos floor tile/sheet floor coverings and related mastics', 'gypsum wallboard/joint compound systems', 'asphaltic shingles and felts', 'cementitious asbestos-containing shingles, siding and panels' pursuant to 454 CMR 28.11(2)(a); or maintenance and repair activities on 'asbestos cement pipe' pursuant to 454 CMR 28.14(1). All work must be done in compliance with the applicable regulations at 454 CMR 28.00 and 310 CMR 7.15; or

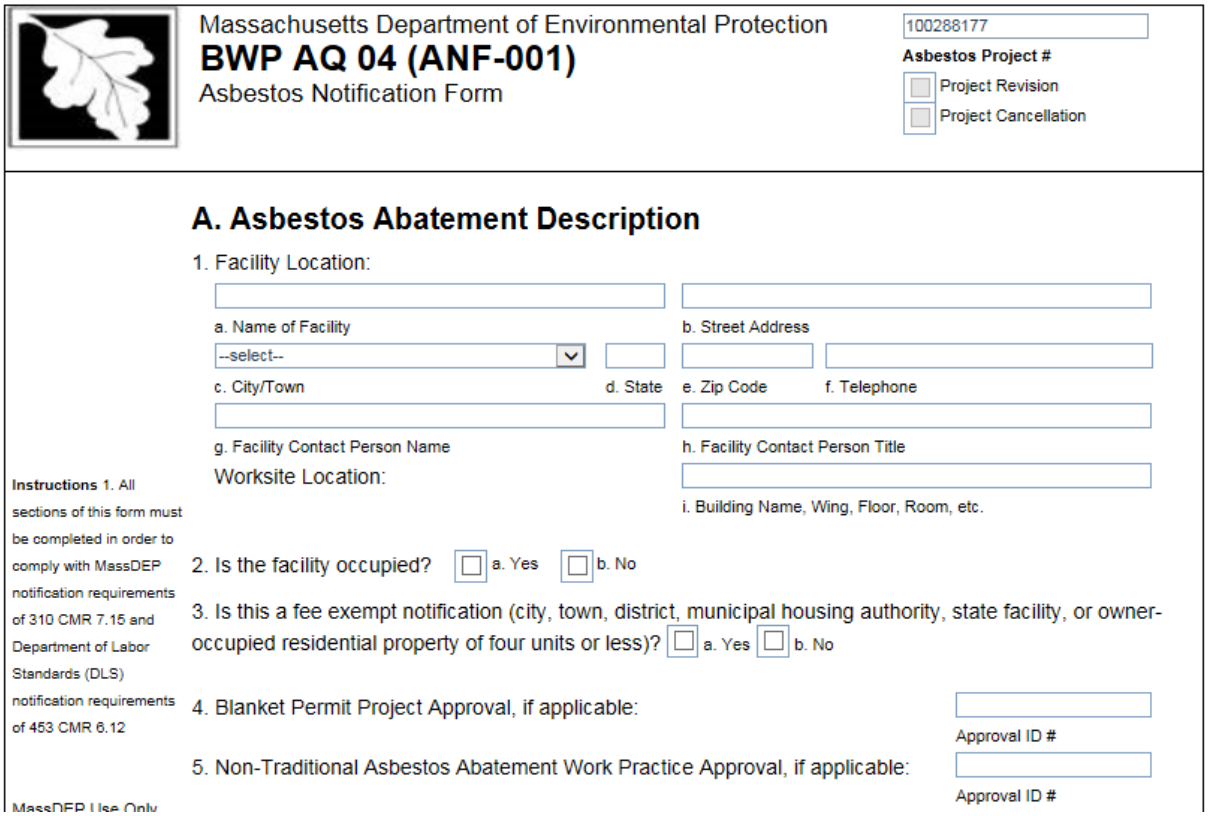
☐ This job involves an 'Asbestos Response Action' performed by 'uncertified entities conducting response actions in their own facilities' pursuant to 454 CMR 28.10(1), or a 'Small Scale Short Duration' maintenance activity pursuant to 454 CMR 28.13(7)(d). All work must be done in compliance with the applicable regulations at 454 CMR 28.00 and 310 CMR 7.15.

☐ None of the above conditions apply, generate a new form. Most new notifications for work by a licensed asbestos contractor check this box at the bottom of the form

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.

1. Click the "check box" to the left of the option applicable to your form:
   - If you check "Revision", "Blanket", or "NTWP" 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 NTWP 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 #
☐ Project Revision
☐ Project Cancellation

A. Asbestos Abatement Description

1. Facility Location:

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

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.

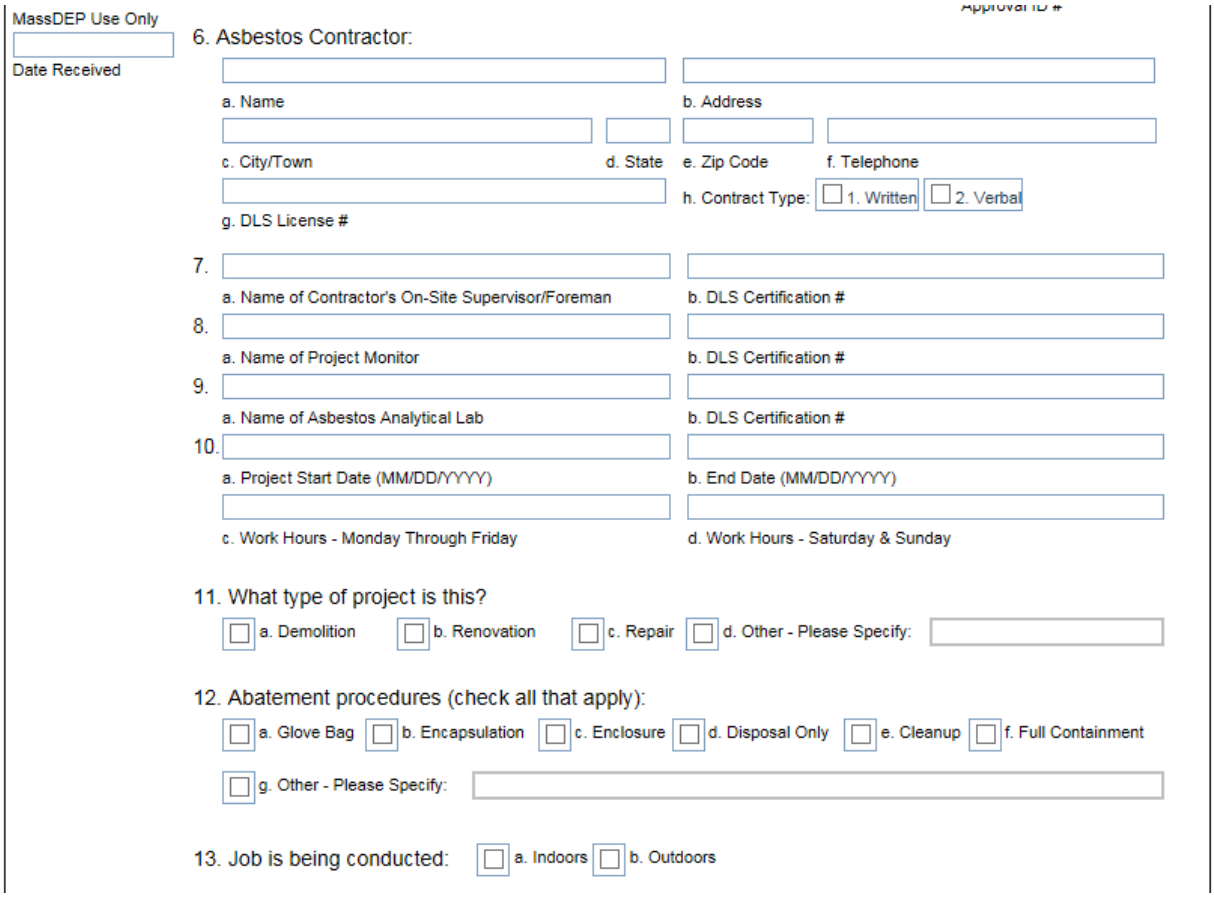
Note: The Timely Action Schedule and Fee Provisions regulation at 310 CMR 4.00 stipulates that fees must be submitted by the applicant or permittee. Specifically under 310 CMR 4.02, an applicant or permittee is defined as a Person which includes “Any individual, trust, firm, public or private corporation 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:



1. 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.

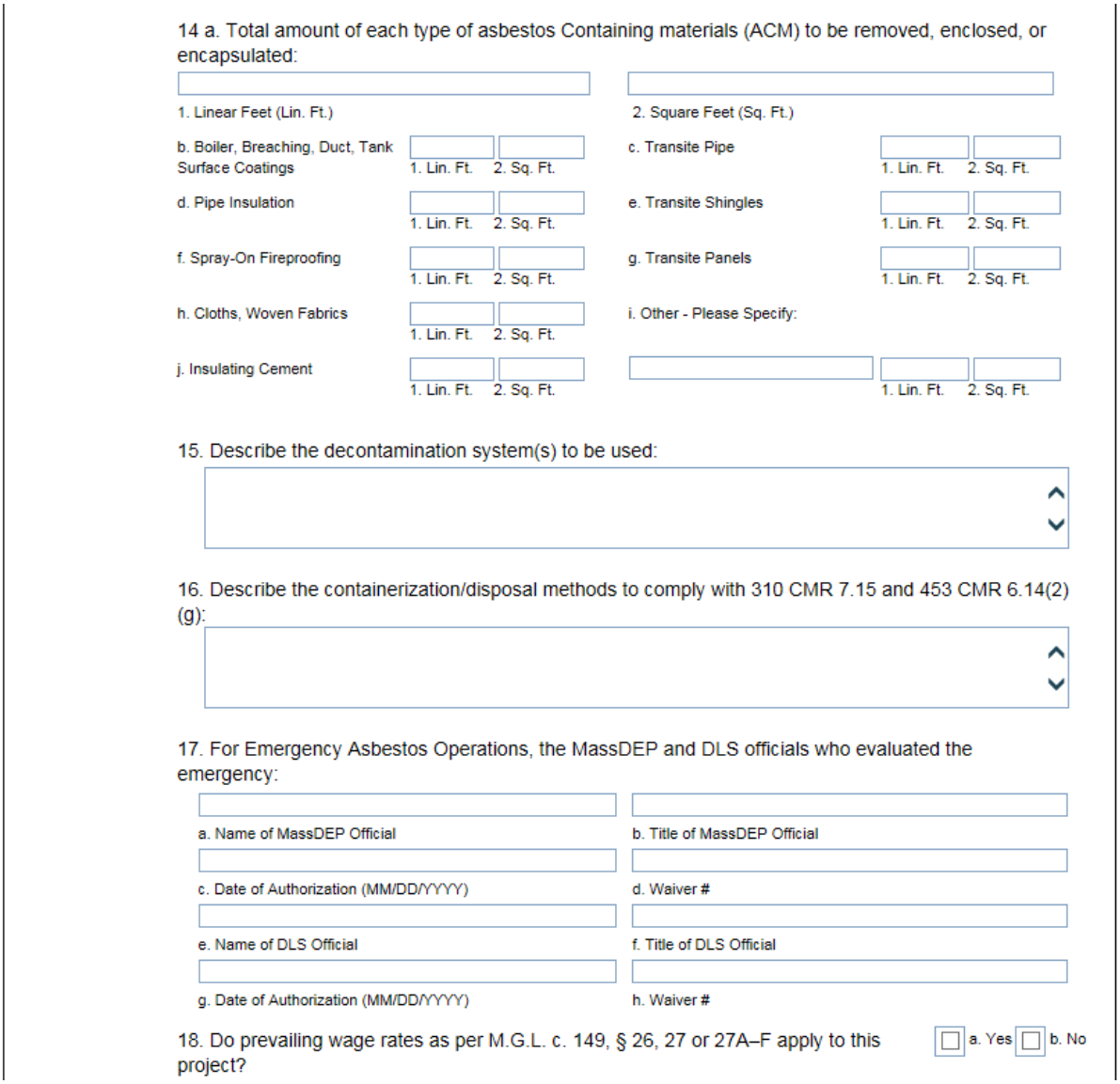
2. Enter A10a “Project Start Date” and 10b “End Date”. These dates are critically important to the notification. Work cannot begin until after the 10 working-day wait period specified by MassDEP’s regulation has elapsed. **Starting an asbestos abatement project before the end of the 10 working-day waiting period is a violation of the asbestos regulations and may result in enforcement action, including a civil administrative penalty**.

    - If you cannot wait for the 10 working-day wait period before starting an asbestos project, you must request an emergency waiver of the 10 working-day wait period requirement from MassDEP and DLS before starting work. (see: MassDEP emergency waiver request; DLS online emergency waiver request)
    - 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 may need to abbreviate to fit within the allowed field character length:

    - **asphaltic roofing and siding** (310 CMR 7.15(10));
    - **window glazing/caulking** (310 CMR 7.15(11));
    - **cement shingles, siding and panels** (310 CMR 7.15(12));
    - **asbestos-cement pipe** (310 CMR 7.15(12A));
    - **floor tile** (310 CMR 7.15(13)(b));
    - **gypsum wallboard/joint compound** (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:

1. Linear Feet (Lin. Ft.) | 2. Square Feet (Sq. Ft.)

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

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

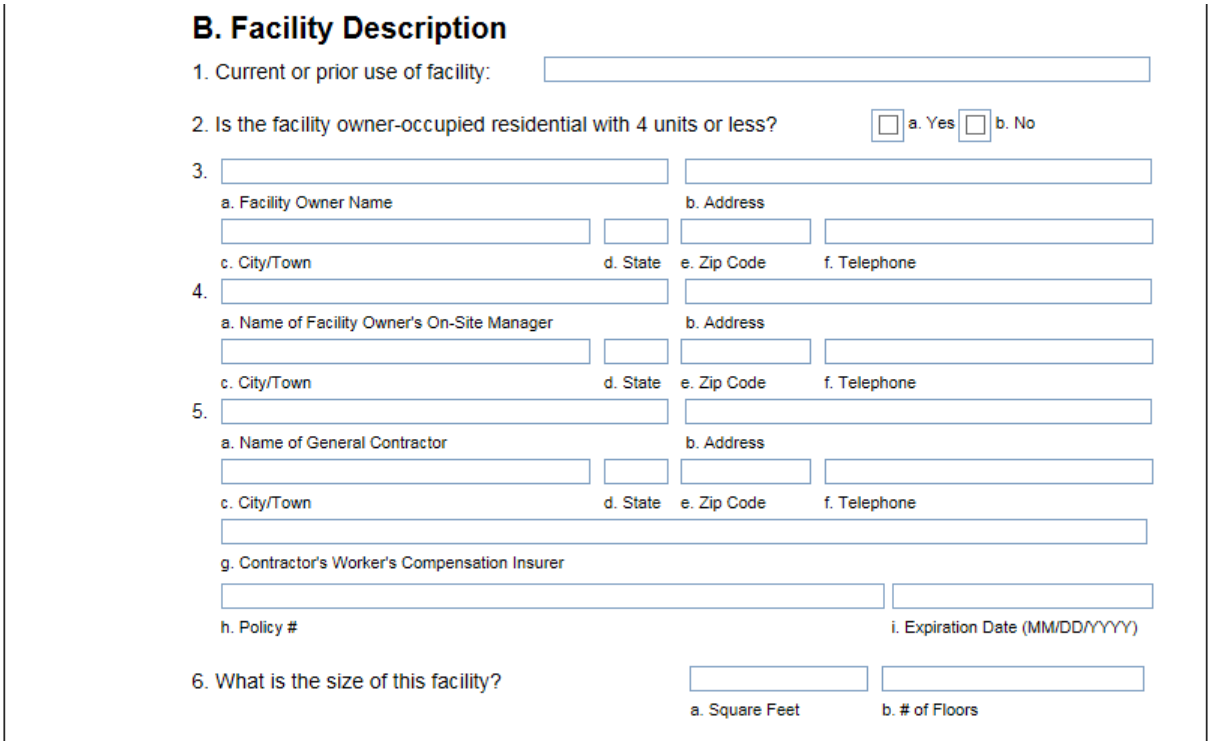
1. For A14, enter the quantities of ACM to be worked on in the itemized list of individual materials. If the material is not shown, enter the material in the "Other" data field. For multiple materials, you may need to be creative with abbreviations as the "Other" data field allows only a very limited number of characters. The sum of itemized quantities will be automatically totaled in Lines A14a1. and A14a2.

2. 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 and follow the procedure 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 use the "Find Your Region" tool.
- 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".

AQ 04 (ANF-001) Sections B1 – 6:



B. Facility Description

1. Current or prior use of facility:

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

3. a. Facility Owner Name | b. Address
   c. City/Town | d. State | e. Zip Code | f. Telephone

4. a. Name of Facility Owner's On-Site Manager | b. Address
   c. City/Town | d. State | e. Zip Code | f. Telephone

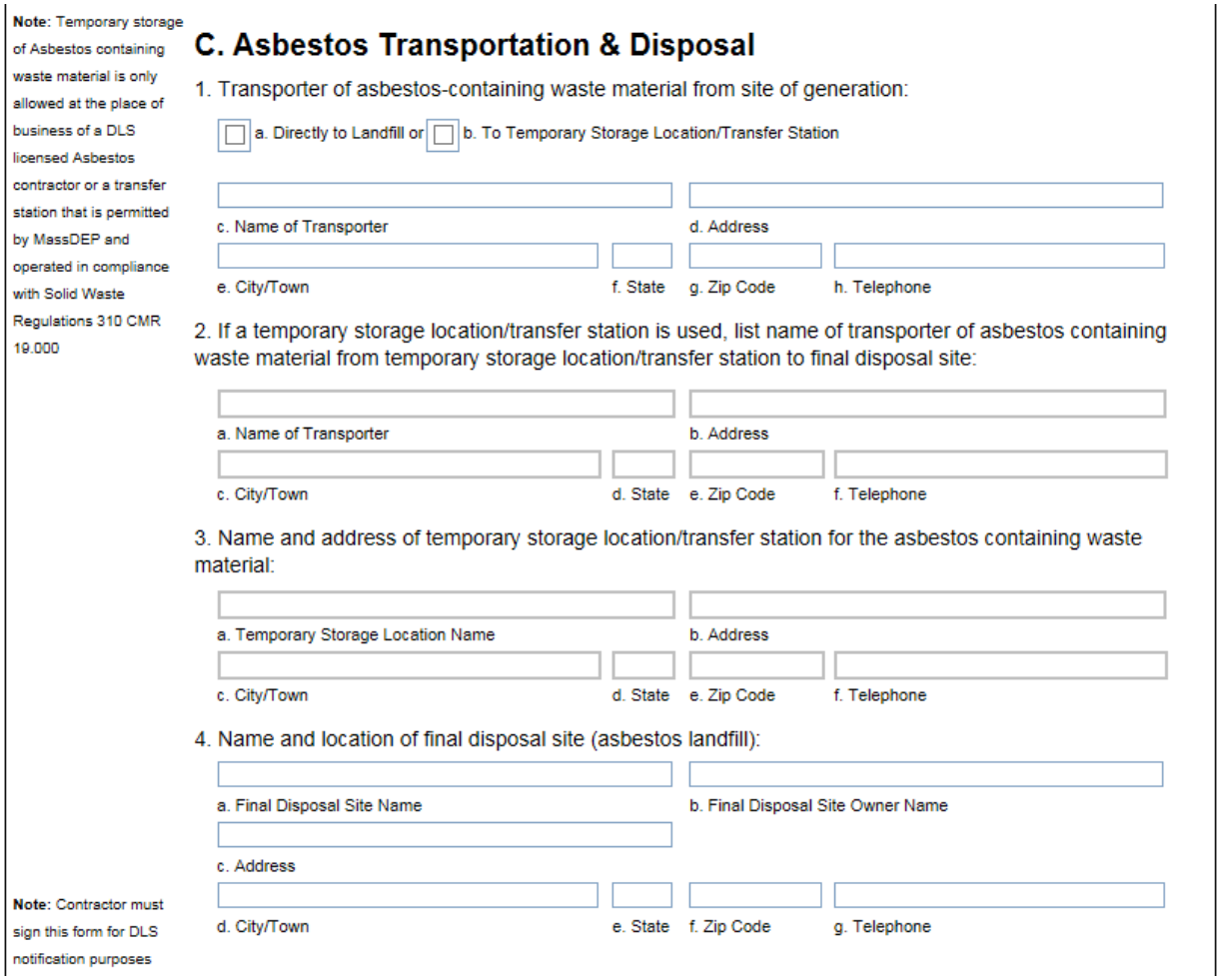
5. a. Name of General Contractor | b. Address
   c. City/Town | d. State | e. Zip Code | f. Telephone
   g. Contractor's Worker's Compensation Insurer
   h. Policy # | i. Expiration Date (MM/DD/YYYY)

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

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

c. Name of Transporter | d. Address

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:

a. Name of Transporter | b. Address

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:

a. Temporary Storage Location Name | b. Address

c. City/Town | d. State | e. Zip Code | f. Telephone

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

a. Final Disposal Site Name | b. Final Disposal Site Owner Name

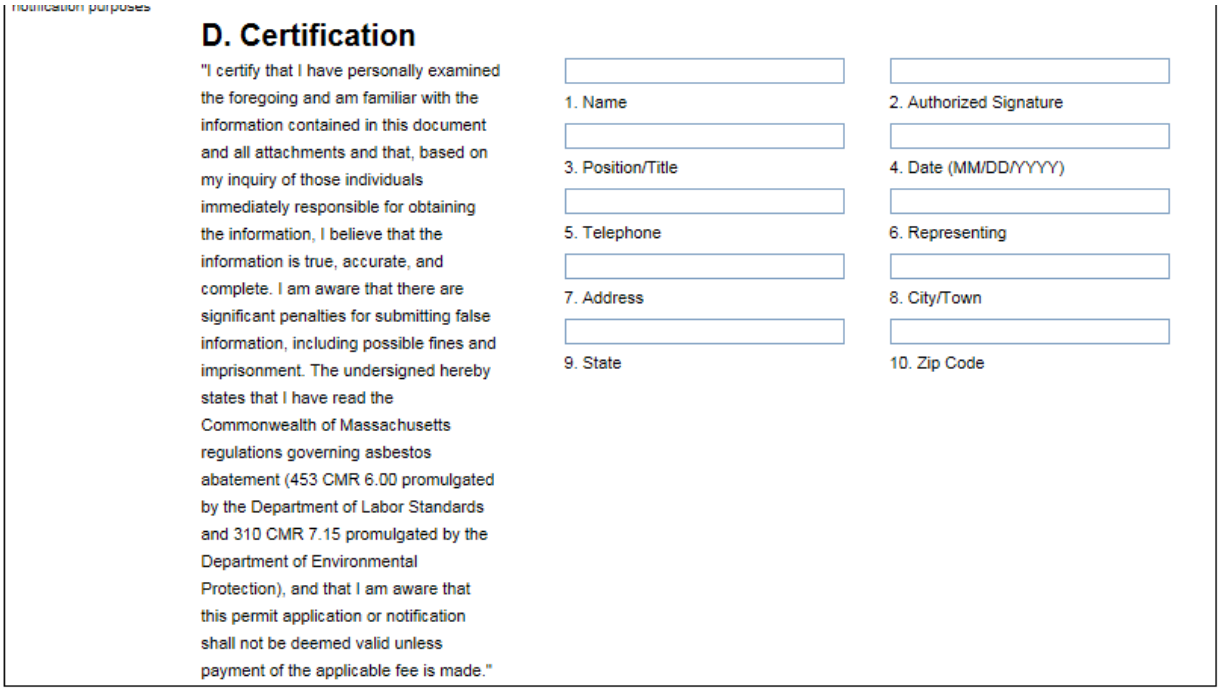
c. Address

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."

1. Name
2. Authorized Signature
3. Position/Title
4. Date (MM/DD/YYYY)
5. Telephone
6. Representing
7. Address
8. City/Town
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 RE-ENTER YOUR NAME EXACTLY THE SAME WAY.**