



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

### **AQ 06 NOTIFICATION PRIOR TO CONSTRUCTION OR DEMOLITION**

August 2019

For further information or assistance, contact:

[BAW.eDEP@mass.gov](mailto:BAW.eDEP@mass.gov)

## AQ 06 Pre-Form:

MassDEP's Online Filing System

---

**AQ 06 - Construction/Demolition Notification - Transaction #1118267**

Error Check Save Print Exit

---



Massachusetts Department of Environmental Protection

### BWP AQ 06 Pre-Form

Notification Prior to Construction or Demolition

---

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)

None of the above conditions apply, generate a new form **MOST NEW NOTIFICATIONS CHECK THIS BOX**

Error Check & Next

The Pre-form is where you enter the Blanket and/or NT numbers, choose to revise an existing form, or begin a new form for any other situations.

1. 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 in the box.
  - 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".

Rev. August 2019

Online AQ 06 Notification Prior to Construction/Demolition

Page 2 of 8

## AQ 06 Sections A1 – 3:

	Massachusetts Department of Environmental Protection <b>BWP AQ 06</b> Notification Prior to Construction or Demolition	100288179
		<b>Asbestos Project #</b> <input type="checkbox"/> Project Revision <input type="checkbox"/> Project Cancellation
		<a href="#">Project History</a>
<b>A. Applicability</b>		
<p>A Construction or Demolition operation of an industrial, commercial, or institutional building, or residential building with 20 or more units is regulated by the Department of Environmental Protection (MassDEP), Bureau of Waste Prevention, Air Quality Division, under Regulations 310 CMR 7.09. Notification of Construction or Demolition operations is required under 310 CMR 7.09 (2) ten (10) working days prior to any work being performed. The following information is required pursuant to 310 CMR 7.09.</p>		
1. Is this a fee exempt notification (city, town, district, municipal housing authority, state facility, owner-occupied residential property of four units or less)?		
<b>Instructions:</b>	<input type="checkbox"/> a. Yes <input type="checkbox"/> b. No	
1. All sections of this form must be completed in order to comply with the Department of Environmental Protection notification	2. Blanket Permit Project Approval, if applicable:	<input type="text"/> Approval ID #
	3. Non-Traditional Asbestos Abatement Work Practice Approval, if applicable:	<input type="text"/> Approval ID #

1. Check the appropriate box in A1.
2. A2 and 3 will be auto-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)];<sup>1</sup>
- 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].

<sup>1</sup> 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.

# AQ 06 SECTION B1 – 3:

Protection Notification  
requirements of 310 CMR 7.09.

**B. Facility Description**

1. Facility Information:

a. Name of facility

b. Street Address

--select--   MA  
 c. City/Town d. State

e. Zip Code f. Telephone

g. Facility Contact Person

h. Facility Contact Person Title

i. Facility Contact Person Telephone

j. Facility Contact Person Email

k. Facility Size:

1. Square Feet

2. Number of Floors

1. Yes  2. No  
 l. Was the facility built prior to 1980?

m. Describe the current or prior use of the facility:

1. Yes  2. No  
 n. Is the facility a residential facility?

o. If yes, how many units?

2. Facility Owner:  Same address as facility

a. Facility Owner Name

b. Address

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

3. Facility On-Site Manager/Owner Representative:  Same contact person as facility  
 Same address as facility  
 Same address as owner

a. On-Site Manager/Owner Representative

b. Address

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

Fill out all the fields in this section completely.

## AQ 06 SECTION C1 – 8:

### C. General Project Description

1. Project Type:  a. New Construction  b. Demolition  c. Renovation

2. Project Dates:  
a. Project Start Date (MM/DD/YYYY)  b. Project End Date (MM/DD/YYYY)

3. General Contractor:  
a. Name  b. Address   
c. City/Town  d. State  e. Zip Code  f. Telephone   
g. General Contractor's On-site Manager/Foreman  h. Telephone

4. Construction or demolition contractor:  Same as General Contractor  
a. Contractor Name  b. Address   
c. City/Town  d. State  e. Zip Code  f. Telephone   
g. Construction and Demolition On-site Manager  h. Telephone

5. Licensed Construction Supervisor:  
a. Supervisor Name  b. Construction Supervisor License (CSL) Number

6. Is the entire facility to be demolished?  a. Yes  b. No

7. Describe the area(s) to be demolished:

8. Describe the building(s) or addition(s) to be constructed:

1. Fill out the applicable information in this section, C1-8.
2. In C1, you can check all the boxes that apply. If you check only Box 1a. "New Construction", you will not be able to enter any data in C6 and 7 to describe demolition activities, nor will you be able to enter any data in C9 and 10 concerning the asbestos survey and any abatement activities.
3. Enter C2a "Project Start Date" and C2b "Project End Date". These dates are critically important to the notification. Work cannot begin until after the 10 working day waiting period has elapsed. **Starting a construction/demolition project before the end of the 10-working day waiting period may result in enforcement action, including a civil administrative penalty.**
  - If you cannot wait 10 working days before starting a construction/demolition project, you must obtain an emergency waiver of the 10 working-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 AQ06 you have filed, you MUST file a notification revision.

## AQ 06 Sections C9 – 12:

**General Statement:** If asbestos is found during a Construction or Demolition operation, all responsible parties must comply with 310 CMR 7.00, 7.09, 7.15, and Chapter 21E of the General Laws of the Commonwealth. This would include, but would not be limited to, filing an asbestos removal notification with the Department and/or a notice of release/threat of release of a hazardous substance to the Department, if applicable.

9 a. Were the structure(s) surveyed for the presence of Asbestos-Containing Material (ACM)?  1. Yes  2. No

b. Who conducted the survey?

1. Name of Asbestos Inspector

2. DLS Certification #

10 a. Was asbestos containing material (ACM) found?  1. Yes  2. No

b. If ACM was found during the survey, please provide the Asbestos Notification Form (ANF) Project Number.

11. Indicate dust suppression techniques to be used:

a. Seeding  b. Wetting  c. Covering  d. Paving  e. Shrouding

f. Other - Specify:

12. Is this an Emergency Demolition Operation?  a. Yes  b. No

c. Name of MassDEP Official who evaluated the emergency

d. Title

e. Date of Authorization (MM/DD/YYYY)

f. MassDEP Waiver Number

1. Fill out the applicable information in this section, C9-12.
2. If you previously checked either Box 1b. "Demolition" or Box 1c. "Renovation", then you must complete C9 and 10 concerning the required asbestos survey and any asbestos abatement activities.
3. In C9, line b.1., enter the name of the DLS-certified Asbestos Inspector who conducted the asbestos survey of the area to be worked on. In line b2 enter the DLS certification number of the asbestos inspector. Please note, the correct format of the DLS asbestos inspector certification number starts with the letters "AI" or "AP" followed by six digits.
4. For C10, line b:
  - Enter the 9-digit asbestos project number assigned by the online eDEP notification system if an ANF-001 was filed for an asbestos abatement activity prior to demolition or renovation activities.
  - Enter "Prior Removal", if abatement was performed but no ANF-001 notification was required, or if the abatement is scheduled but not yet notified or complete.
  - Enter "N/A", if ACM was identified, but it will not be disturbed, worked-on or handled as part of the demolition/renovation activities.

5. For C12, “Emergency Demolition Operation”, enter an emergency waiver number if you are unable to wait the requisite 10 working-day notification wait period. If the project start date entered in Section C2a respects the 10 working-day notification wait period, then an emergency waiver number is not required. In that case you should check Box 12b, “No”, and leave all the fields in this section **COMPLETELY BLANK**.
- If an emergency waiver is required, you will need to contact the MassDEP regional office that covers the municipality in which the project is located to request an emergency waiver. Where deemed appropriate, MassDEP will issue an emergency waiver number, which can then be used to 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>. Then 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 AQ 06 Construction/Demolition Notification, please refer to Question 10 in the online “Instructions and Supporting Materials” - <https://www.mass.gov/how-to/aq-06-constructiondemolition-notification>.

## AQ 06 Sections D1 – 6:

### 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, under the penalties of perjury, 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"/>
1. Print Name	<input type="text"/>
2. Authorized Signature	<input type="text"/>
3. Position/Title	<input type="text"/>
4. Representing	<input type="text"/>
5. Date (MM/DD/YYYY)	<input type="text"/>
6. P.E. #	<input type="text"/>

1. Fill out D1 through 6, excluding D2.
2. D2 will be auto-populated 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.**
3. In D6, if the person filing the notification is not a P.E., enter "N/A".