

**BOSTON PUBLIC HEALTH COMMISSION
ENVIRONMENTAL HEALTH OFFICE**

1010 Massachusetts Avenue
Second Floor
Boston, MA 02118

tel. (617) 534-5966
fax (617) 534-9592
fax (617) 534-2372

EHO APPLICATION FOR RESIDENTIAL ASBESTOS ABATEMENT PLAN APPROVAL WORK PERMIT

1. Enter Total Cost of Asbestos Project	\$ _____
<u>DETERMINATION OF ASBESTOS PERMIT FEE</u>	
2. If line 1 is \$7,500 or less, your permit fee is -	<u>\$75.00</u>

3. If line 1 is over \$7,500, multiply any amount up To \$100,000 by 0.01.....	_____
4. If line 1 is over \$1,000, multiply the amount over the first \$100,000 by 0.007.....	_____
5. Add lines 3 and 4, This is your permit fee -	_____

Asbestos Hazard Abatement Approval No. _____

Approved by: _____

Date: _____

Failure to display this plan at the work site makes
the holder liable to criminal prosecution.

FAILURE TO COMPLY WITH THE LAWS, REGULATIONS, RULES AND POLICIES GOVERNING THIS WORK CAN LEAD TO CIVIL AND CRIMINAL PROSECUTION. CONTRACTORS ARE LIABLE FOR VIOLATIONS AND HEALTH HAZARDS CREATED BY THEIR EMPLOYEES.

A. INSTRUCTIONS:

1. You must present us with site specific procedures for this job at least 10 days before project start. The EHO does not approve incomplete plan applications. If the planned abatement procedures listed in this form change, submit additional information as necessary. **NO ASBESTOS ABATEMENT WORK CAN START BEFORE PLAN APPROVAL BY THE EHO.** (except emergency work done under EHO emergency notification guidelines).
2. When completed, return application plan to this office. Enclose permit fee payment in the form of a cashier's check, money order, or business check made out to Boston Public Health Commission – EHO. Cash, personal checks, and credit cards cannot be accepted. A copy of the approved plan and permit will be issued and must be posted at the work site.
3. The Law places liability for noncompliance with this plan on the executive offices of: 1) the asbestos abatement company performing the work; 2) the general, or any other contracting company, subcontracting the asbestos work; 3) a firm managing the property and/or the owner of the building.
4.
 - a) Supervisory personnel hired for this job must thoroughly review this approved plan.
 - b) The officers of said asbestos abatement company are responsible for compliance with the plan.
 - c) If unforeseen circumstances arise which prevent compliance with the approved plan, the job must stop until an alternative plan is approved by the EHO.
 - d) If there is a change in work dates, the EHO must receive at least 48 hours prior notice.
 - e) Failure to follow this plan and instructions are violations of 105 CMR 410.353 and/or MGL c111 s122.
5. **YOU MUST POST THIS APPROVED APPLICATION AND PERMIT OUTSIDE THE ENTRANCE TO THE WORK SITE. ATTACHEMENTS ARE PART OF THE APPROVED PLAN.**

Include below the signatures of the agent of the (1) asbestos abatement company performing the work, (2) the building owner, and (3) other parties as applicable (i.e. management firm or general contractors).

YOU HAVE READ AND UNDERSTAND THE ABOVE NOTICES AND INSTRUCTIONS.

1. Signed _____ Date: _____
2. Signed _____ Date: _____
2. Signed _____ Date: _____

ADDRESS OF SITE OF PLANNED ABATEMENT WORK: _____

NAME OF OWNER: _____ TELEPHONE #: _____

ADDRESS OF OWNER: _____

IF P.O. BOX, GIVE ADDRESS OF OWNER'S RESIDENCE: _____

INDICATE ALL WORK LOCATION(S) IN/OUTSIDE THE BUILDING: _____

ABATEMENT CONTRACTOR NAME: _____ DLI LIC. #: _____

ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE #: _____

SCHEDULE FOR THE WORK: START-UP DATE: _____ COMPLETION DATE: _____

YOU MUST WORK WITHIN THE DATES SPECIFIED UNLESS AMENDED. FAILURE TO NOTIFY THE EHO OF A CHANGE IN WORK OR A JOB CANCELLATION IS A VIOLATION.

PLEASE CHECK THE APPROPRIATE SECTIONS. Agencies requiring notification/permits:

EPA
(40 CFR 6.14)

DEP (STICKER # _____)
(310 CMR 7.15(b))

DLWD
(453 CMR 6.12)

BFD
(Boston Fire Code Sec. 7)

(IF PERMIT REQUIRED FROM THE ABOVE AGENCIES, INCLUDE COPY(s))

Abatement Action(s):

<input type="checkbox"/> total removal within each room containing asbestos	<input type="checkbox"/> partial removal to facilitate equipment replacement or repair
<input type="checkbox"/> glove bag inside containment system	<input type="checkbox"/> glove bag outside containment system
<input type="checkbox"/> clean-up	<input type="checkbox"/> disposal
<input type="checkbox"/> repair/encapsulation	<input type="checkbox"/> permanent enclosure with air-tight barriers
<input type="checkbox"/> full containment system	
<input type="checkbox"/> other (describe) _____	

Type(s) of asbestos containing material:

<input type="checkbox"/> shingles/roof	<input type="checkbox"/> pipe lagging	<input type="checkbox"/> boiler/furnace covering
<input type="checkbox"/> spray-on insulation	<input type="checkbox"/> tiles (VAT)	<input type="checkbox"/> other (explain) _____

CONTINUED ON NEXT PAGE

EHO approval #: _____

All asbestos abatement work will comply with the work practices required by 453 CMR 6.14 (DLWD), 29 CFR 1926.58 and 1910.1001 (OSHA), 310 CMR 7.00 (DEP), and 105 CMR 410.353 (STATE SANITARY CODE).

CHECK THOSE ITEMS WHICH APPROPRIATELY DESCRIBE THE PLANNED PROCEDURES IN ACCORDANCE WITH THE WORK PRACTICES SET FORTH IN 453 CMR 6.14 (DLI), 29 CFR 1926.58 AND 1910.1001 (OSHA), 310 CMR 7.00 (DEP), AND 105 CMR 410.353 (STATE SANITARY CODE):

A. SITE PREPARATION PROCEDURES

- | | |
|--|--|
| 1. <input type="checkbox"/> CLEARING THE WORK AREA OF ALL MOVABLE OBJECTS | 4. <input type="checkbox"/> WARNING SIGNS AT ENTRANCES |
| 2. <input type="checkbox"/> CONTINUOUS HEPA FILTERED NEG. PRESSURE WITHIN THE ROOM UNTIL CLEARANCE | 5. <input type="checkbox"/> GROUND FAULT INTERRUPTER ON ALL ELECTRICAL POWER SOURCES |
| 3. DECONTAMINATION CHAMBER
<input type="checkbox"/> 3 chambers with a <input type="checkbox"/> shower <input type="checkbox"/> hose & bucket
<input type="checkbox"/> personal decontamination using double suits and HEPA vacuuming
<input type="checkbox"/> a mini chamber, as described in 29 CFR 1926.1101(J).
<input type="checkbox"/> sealing doors and windows with poly sheeting | 6. SEALING WORK AREA (BFD requires flame retardant poly)

<input type="checkbox"/> establishing cocoons and/or curtains with poly sheeting

Using poly sheeting and duct tape to seal:
<input type="checkbox"/> walls <input type="checkbox"/> floors
<input type="checkbox"/> ceilings <input type="checkbox"/> vents/flues |

B. PERSONAL SAFETY

- | | |
|---|--|
| 1. <input type="checkbox"/> DISPOSABLE COVERALLS | 3. <input type="checkbox"/> TYPE C RESPIRATORS |
| 2. <input type="checkbox"/> HALF MASK RESPIRATORS | 4. <input type="checkbox"/> POWERED RESPIRATORS (PAPR) |

C. ABATEMENT PROCEDURES

- | | |
|--|--|
| 1. <input type="checkbox"/> WARNING LABELS ON WASTE BAGS | 5. <input type="checkbox"/> CLEANING PIPES, ETC. OF VISIBLE DEBRIS |
| 2. <input type="checkbox"/> LIMIT ACCESS TO WORK SITE | 6. <input type="checkbox"/> FINAL ENCAPSULANT ON STRIPPED SURFACES |
| 3. <input type="checkbox"/> WETTING ASBESTOS WITH AMENDED WATER | 7. <input type="checkbox"/> WARNING LABELS FOR REMAINING ASBESTOS |
| 4. <input type="checkbox"/> BAGGING ASBESTOS IMMEDIATELY (do not permit accumulation in the work area) | 8. <input type="checkbox"/> PLACE ASBESTOS DIRECTLY INTO BAGS WITHOUT DROPPING |

CONTINUE ON THE NEXT PAGE

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D. CLEANUP PROCEDURES

1. [] CLEAN ENTIRE WORK AREA OF ALL VISIBLE DUST AND DEBRIS BEFORE REMOVING CONTAINMENT SYSTEM
2. [] AGGRESSIVE AIR SAMPLING FOR CLEARANCE BEFORE DISMANTLING CONTAINMENT SYSTEM
3. [] TAKE DOWN POLY SET-UP AND DOUBLE BAG FOR PROPER DISPOSAL AS ASBESTOS WASTE
4. [] TRANSPORT AND DISPOSAL OF ASBESTOS ACCORDING TO DEP REGULATIONS

ATTACH A DIAGRAM OF EACH WORK AREA. SHOW THE WORK SITE'S RELATIONSHIP TO ADDITIONAL PAGES AND/OR REDUCED FLOOR PLANS IF NECESSARY. BE SURE TO SHOW:

1) LOCATION OF BUILDING OCCUPANTS AND THE PUBLIC IN RELATION TO THE WORK AREA; 2) LOCATION OF ELECTRIC AND WATER HOOK-UPS; 3) LOCATION OF DECONTAMINATION CHAMBER(S); 4) ALL ISOLATION BARRIERS; 5) ALL DOORS, WINDOWS, AND VENTS OR OTHER OPENINGS; 6) GROUND FAULT INTERRUPTERS.

CONTINUE ON ADDITIONAL PAGES IF NECESSARY

EHO approval # _____