



**TOWN OF BROOKLINE
DEPARTMENT OF PUBLIC HEALTH**

Paid: _____

Check #: _____

Inspector _____

Approval: _____

11 Pierce Street, Brookline, Massachusetts, 02445
Telephone: (617) 730-2300 Facsimile: (617) 730-2296
Website: www.brooklinema.gov

ASBESTOS REMOVAL APPLICATION

Permit Fee: \$60

Application and required fee to arrive at Brookline Health Department (10) days prior to starting date.

Please submit MA DEP Notification with your permit application.

Name of building owner/agent: _____

Address: _____ Phone: _____

Job Location: _____

Contractor (Name, Address, and Phone Number): _____

Sub-Contractor (Name, Address, and Phone Number): _____

Massachusetts Asbestos Contract License Number: _____

On-site Supervisor and Massachusetts Certification Number: _____

Abatement Activity (check one): Removal Encapsulation Enclosure

Amount and type of asbestos material to be removed, encapsulated or enclosed:

_____ LF

_____ SF

Start Date: _____ Completion Date: _____

1. DEP Notification Date: _____
2. EPA Notification Date: _____
3. Labor and Workforce Development Date: _____

Description of Removal/Disposal Methods to be employed to Comply with Labor & Industries Regulations 453 CMR 6.14 (2) (g) & DEP Regulations:

Location of Approved Landfill Disposal Site: _____

Transporting Company: (Name, Address and Phone Number):

Emergency Abatement Removal Date: _____

Waiver #: _____

Authorizing Person: _____

To be submitted twenty-four (24) hours prior to removal. (Emergency abatement as provided by 453 CMR Department of Labor & Industry, 6.02).

Reason for emergency: _____

Procedures for Asbestos Removal in Accordance with Department of Labor & Work Force Development 435 CMR 6.00, EPA Regulations, DEQE Regulations 7.00 and NESHP Regulations.

(1) Persons engaged in asbestos work shall only be assigned to perform those tasks authorized by a valid current certificate.

(2) At least one certified supervisor/foreman shall be assigned to and is present at each asbestos project job site when work is in progress.

- (3) All persons engaged in asbestos work should keep their certification identification card at their job site and shall present is upon request.
 - (4) Warning signs shall be posted at all approaches to the work areas. Signs shall be posted a sufficient distance from the work area to permit a person to read the sign(s) and the precautionary measures to avoid exposure to asbestos.
 - (5) All movable objects shall be removed from work area.
 - (6) All non-movable or fixed objects remaining within the work area shall be wrapped or covered with six- (6) mil thick plastic sheeting. The covering shall be completely sealed with duct tape or equivalent.
 - (7) The work area shall be isolated by sealing all openings, including but not limited to windows, doors, ventilation openings, drains, grilles and grates.
 - (8) Floor and wall surfaces shall be covered with plastic sheeting (polyethylene sheeting).
 - (9) A three compartment decontamination system to be installed on all asbestos removal; exception 453 CMR 6.14, sec. 6, sec. 7.
 - (10) Air testing to be performed prior to removal and completion of abatement. In no case shall clearance air monitoring samples be collected by the contractor or an employee of the contractor.
 - (11) Prior to removal, asbestos material shall be thoroughly wetted to which surfactant has been added.
 - (12) Removed asbestos material shall not remain in the work area; asbestos shall be contained in double (2) plastic bags (6 mil) minimum thickness each.
 - (13) Protective clothing and equipment: Personnel protective clothing shall mean full body disposable clothing, including head, body and foot coverings consisting of material impenetrable by asbestos fibers.
 - (14) Asbestos waste will be transported in closed trucks for disposal at approved landfill location.
 - (15) Negative air pressure will be continuously maintained during asbestos removal by use of HEPA filtration units.
 - (16) A complete cleanup of the work area will be performed using the wet wipe method along with HEPA vacuums.
- * A \$60.00 fee payable to the Town of Brookline must be submitted with this application (\$60.00 will be charged for each address, listed at job location.)
 - * Jobs canceled without informing the Health Department at least 24 hours in advance will be required to submit a new application and fee.
 - * Jobs starting without prior Health Department approval will be charged TRIPLE the amount indicated.
 - * Asbestos shingles must also be removed per Brookline Health Department requirements (stricter than State requirements).