

Asbestos Project Notification Revision

State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-6220

FORM R

Page 1 of 1
Revised 2011

Important Notice: This form may be faxed to the Department. Remember to keep a record of all notifications sent to the Department. Dates of actual removal activities may be updated at a minimum 24 hours prior to the new start date for actual removals by telephone contact with Department staff, by fax, or by other methods approved by the Department. **The revised notification submitter is responsible for ensuring that this Asbestos Project Notification Revision is received by the Department**

1. Project Code

2. Revision

3. Revision Information Submitter

Name _____ TEL _____

Address _____ FAX _____

City _____ State _____ Zip _____

4. Asbestos Contractor

Name _____

Address _____

City _____ State _____ Zip _____

Contact _____

TEL _____ FAX _____

5. Facility Location (Where removal is to take place)

BLDG Name _____

Floor and/or Rm.# _____

Physical Address _____

City _____

State _____ Zip _____

6. Date Schedule Revisions

☐ Change Start Date from _____ to _____

☐ Change End Date from _____ to _____

7. Work Hours or Day Revisions

☐ Change Work Hours to _____

☐ Change Work Days to _____

8. Project Cancellation

☐ Date cancelled _____

9. General Revisions

☐ Change Contractor to _____

☐ Change Waste Transporter to _____

☐ Change Disposal Site to _____

10. Abatement

☐ Increase in amount of ACM being removed _____

☐ Decrease in amount of ACM being removed _____

☐ Change in abatement methods _____

☐ Non-Standard Work Practice not previously submitted (requires Department written approval and submission of page 5 from Form N)

☐ Other _____

Submitter

Print Name: _____

Signature: _____

Date: _____

MDEP USE ONLY

Postmark/FAX/hand Delivered

Date Received: _____