

**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**

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Revised 2015

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

3. Revision Information Submitter

Name TEL
Address FAX
City State Zip

2. Revision #

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 _____