STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

FOR STATE USE

Post Mark Date	4/16/19
Check No.	10709
Check Amount	$ 100.00
Transmittal No.	19-615
Record ID	

Return Completed Form and Fee to: DPH, 410 Capitol Ave, MS 12 AIR
P O Box 340308 Hartford, CT 06134-0308

1. TYPE OF NOTIFICATION

☑ A. NEW ☐ C. CANCELATION ☐ D. REVISED ☐ E. EMERGENCY ☐ F. POSTPONED ☐

☐ B. BLANKET REVISION # ITEMS REVISED

Describe Emergency

2. ABATEMENT CONTRACTOR ACCURATE INSULATION LLC LICENSE # 000008

CONTR_ADDRESS 33A STAFFORD AVENUE

CONTR_CITY BRISTOL C_CONTACT Joe Orlando

CONTR_STATE CT C_ZIP 06010 C_PHONE 860-584-2146

3. FACILITY OWNER NAME Treadwell Corp.

OWNER_ADDRESS 341 Railroad Street

OWNER_CITY Thomaston OWNER_CONTACT Judy Kramer-Earley

OWNER_STATE CT OWNER-ZIP 06787 OWNER_PHONE 860-283-7615

4. PROJECT ADDRESS (NAME) **Manufacturing Building**

ADDRESS 2 **341 Railroad Street**

PROJECT CITY **Thomaston**

PROJECT STATE CT PROJECT_ZIP 06787 PROJECT_CONTACT Judy Kramer-Earley

5A. ABATEMENT START DATE 4/22/2019 5B. ABATEMENT END DATE 4/26/2019

REVISED START **REVISED END**

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER **TOTAL COST**

6A. 1% of TOTAL COST 0.00 plus $100 100.00 (Notification Fee Due)

6B. FOR REVISIONS, ADDITIONAL COST ADDITIONAL 1% FEE TOTAL PAID to date $0.00

7. USE OF FACILITY

☐ A. SCHOOL ☐ D. OFFICE ☐ G. RELIGIOUS

☐ B. PUBLIC ☐ E. COLLEGE ☐ H. RESIDENTIAL, # UNITS

☑ C. MANUFACTURING ☐ F. COMMERCIAL ☐ I. OTHER, SPECIFY

8. BUILDING DATA

SQ FT 20212 AGE 33 NUMBER OF FLOORS 1

9. ABATEMENT CLASSIFICATION ☑ RENOVATION ☐ DEMOLITION ☐ ORDERED DEMOLITION

(ATTACH ORDER OF DEMOLITION)

10. ABATEMENT TECHNIQUE ☑ A. FULL CONTAINMENT WITH NEG AIR ☐ B. ALTERNATIVE WORK PRACTICE

If AWP, Name of Project Designer PD Lic #

☐ C. EXTERIOR ABATEMENT ☐ D. SPOT REPAIR (>25 SF)

11. ABATEMENT METHOD

☑ A. REMOVAL

☐ B. ENCAPSULATION

☐ C. ENCLOSURE

12. TYPE OF DECONTAMINATION SYSTEM

☑ A. CONTIGUOUS

☐ B. REMOTE

☐ C. BOTH

Has contractor provided EPA with a ten day or emergency notification ? YES ☐ NO ☐

RECEIVED APR 18 2019 DEPARTMENT OF PUBLIC HEALTH ASBESTOS PROGRAM

Phone (860) 509-7367 / Fax (860) 509-7378
410 Capitol Avenue, MS 12 AIR PO BOX 340308
Hartford, CT 06134-0308

ADDRESS _____ CITY/TOWN _____

13. TYPE AND AMOUNT OF ASBESTOS CONTAINING MATERIAL TO BE ABATED

FRIABLE MATERIAL (report in square footage)

A. Sprayed/Troweled on		E. Duct Insul	
B. Boiler Insulation		F. Ceiling Tiles	
C. Tank Insulation		G. Other (Specify)	
D. Breeching Insulation		Other Friable (Specify)	
Other Friable	**HEPA Filters 18 count=108 sq. ft**	Other Friable (Specify)	
SPECIFY			

PIPE INSULATION: Measure outside diameter (OD) of pipe, multiply the length of pipe (linear feet) times the CF to report total pipe insulation in square feet (add all SF quantities below)

Conversion Factor (*CF)

OD	QTY LF	x CF	SQ FT
1"		0.26	0
2"		0.52	0
3"		0.79	0
Total Column 1			0

OD	QTY LF	x CF	SQ FT
			0
			0
			0
Total Column 2			0

H. Pipe Insulation SF: 0

NONFRIABLE CATEGORY 1

I. Floor Coverings/Tiles	
J. Roofing, Specify	
K. Packings, Gaskets	
Other NF	

NONFRIABLE CATEGORY 2

L. Transite board	
M. Other Nonfriable	
N. Other NF, Specify	
Other NF, Specify	

14. WASTE HAULER (list up to 3)

Hauler 1 Name	TRANS WASTE, INC	Hauler 2 Name	PATTERSON ENTERPRISED, LLC
Hauler 1 Address	3 BARKER ROAD	Hauler 2 Address	PO BOX 9697 550 BROAD STREET
Hauler 1 City	WALLINGFORD	Hauler 2 City	FORESTVILLE
Hauler 1 State,Zip	CT, 06492	Hauler 2 State,Zip	CT. 06010
Hauler 1 Contact	JOHN BRUCE	Hauler 2 Contact	MICHAEL PATTERSON

Hauler 3 Name	
Hauler 3 Address	
Hauler 3 City	
Hauler 3 State,Zip	
Hauler 3 Contact	

15. LANDFILL (list up to 3)

Landfill 1 Name	MODERN LANDFILL	Landfill 2 Name	MINERVA ENTERPRISES
Landfill 1 Address	4400 MOUNT PISGAH ROAD	Landfill 2 Address	9000 NINERVA S. E.
Landfill 1 City	YORK	Landfill 2 City	WAYNESBURY
Landfill 1 State,Zip	PA, 17402	Landfill 2 State,Zip	OH, 44688
Landfill 1 Contact	REPUBLIC INSUSTIERS	Landfill 2 Contact	FRANK SEUSANO

Landfill 3 Name	Turnkey Landfill
Landfill 3 Address	90 Rochester Neck
Landfill 3 City	Rochester
Landfill 3 State,Zip	New Hampshire, 03839
Landfill 3 Contact	

Form Prepared by (printed) _____

Signature _____

Title _____