



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH  
ASBESTOS ABATEMENT NOTIFICATION FORM

STATE USE ONLY

Post Mark Date	9/21/18
Check #	1509
Amount	\$125.00
Transmittal #	19-182
Record #	

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due.

### 1. TYPE OF NOTIFICATION:

A. NEW	<input checked="" type="checkbox"/>	B. BLANKET	<input type="checkbox"/>	C. CANCELLATION / POSTPONED	<input type="checkbox"/>	C	<input type="checkbox"/>	P	<input type="checkbox"/>
D. REVISED	<input type="checkbox"/>	(ITEMS REVISED)	<input type="checkbox"/>	REVISION #	<input type="checkbox"/>				
E. EMERGENCY	<input type="checkbox"/>	DESCRIBE NATURE OF EMERGENCY							

### 2. ABATEMENT CONTRACTOR:

NAME:	Mount Carmel Construction LLC	LICENSE #	00474
ADDRESS:	P.O. Box 2098		
CITY:	North Haven	STATE:	CT
		ZIP:	06473
PHONE #	203-234-8488	CONTACT PERSON:	Peter

### 3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:

NAME:	Thad Alexander		
ADDRESS:	1470 Winsted Rd		
CITY:	Torrington	STATE:	CT
		ZIP:	06790
PHONE #	203 234 8488	CONTACT PERSON:	Peter Latella

### 4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)

ADDRESS:	1470 Winsted Rd		
CITY:	Torrington	STATE:	CT
		ZIP:	06790

5.(A) ABATEMENT START DATE:	10/02/18	5.(B) COMPLETION DATE:	10/06/18
	<i>Month/Day/Year format</i>		<i>Month/Day/Year format</i>

(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

Notification Fee Due: \$100.00 + 1% total asbestos abatement cost \$125.00

6. TOTAL ABATEMENT PROJECT COST: \$2,500. \*REVISED COST (ONLY FOR REVISIONS):

### 7. USE OF FACILITY:

A. SCHOOL (K-12)	<input type="checkbox"/>	B. PUBLIC BUILDING	<input type="checkbox"/>	C. MANUFACTURING	<input type="checkbox"/>	D. OFFICE	<input type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS	<input checked="" type="checkbox"/>	I. OTHER	<input type="checkbox"/>		
(I. SPECIFY)									



Phone: (860) 509-7367/ Fax: (860) 509-7378  
Telephone Device for the Deaf: (860) 509-7191  
410 Capitol Avenue- MS # 51 AIR  
PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134  
*Affirmative Action/ An Equal Opportunity Employer*



ADDRESS: 1470 Winsled Rd  
 TOWN: Ferrington

**8. BUILDING DATA**

SQUARE FEET: 1900 NUMBER OF FLOORS: 2 AGE: 1892

**9. ABATEMENT CLASSIFICATION:**

RENOVATION  DEMOLITION  ORDERED DEMO (AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

**10. ABATEMENT TECHNIQUE:**

A. FULL CONTAINMENT WITH NEGATIVE AIR  B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED)

(IF AWP, include) Project Designer & LICENSE # \_\_\_\_\_

C. EXTERIOR ABATEMENT  D. SPOT REPAIR (>25 SQ. FT. TOTAL)

**11. ABATEMENT METHOD:**

A. REMOVAL  B. ENCAPSULATION  C. ENCLOSURE

**12. TYPE OF DECONTAMINATION SYSTEM:**

A. CONTIGUOUS  B. REMOTE  C. BOTH

**13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)**

FRIABLE MATERIAL

NONFRIABLE MATERIAL

A. SPRAYED /TROWELED ON: \_\_\_\_\_ **Category I**

B. BOILER INSULATION: \_\_\_\_\_ I. FLOOR COVERINGS/TILES: \_\_\_\_\_

C. TANK INSULATION: \_\_\_\_\_ J. ROOFING, SPECIFY: \_\_\_\_\_

D. BREACHING INSULATION: \_\_\_\_\_ K. GASKETS, PACKINGS: \_\_\_\_\_

E. DUCT INSULATION: \_\_\_\_\_ **Category II**

F. CEILING TILES: \_\_\_\_\_ L. TRANSITE BOARD: \_\_\_\_\_

G. OTHER, SPECIFY: Sheetrock - 200 Sq Ft M. OTHER, SPECIFY: \_\_\_\_\_

H.\* PIPE INSULATION: \_\_\_\_\_ **Total Square Feet** \_\_\_\_\_

(Pipe diameter)" Multiply LF by CF = Total Square Feet

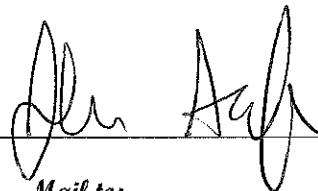
**14. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)**

NAME: BFI Imperial Landfill  
 ADDRESS: 11 Boggs Rd  
 CITY, STATE, ZIP: Imperial PA 15126  
 OWNER, OPERATOR: \_\_\_\_\_

**15. HAULER/ WASTE TRANSPORTER**

NAME: Transwaste Inc  
 ADDRESS: 3 Barker Drive  
 CITY, STATE, ZIP: Wallingford, CT 06492

Signature and Title of Person Completing this Form:

 Supervisor

Mail to:  
**DPH**  
**ASBESTOS PROGRAM**