



# STATE OF CONNECTICUT

STATE USE ONLY

DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT NOTIFICATION FORM

\$ 442.00 also applied from check #3171 to -  
51 Egypt Rd., Ellington

Post Mark Date	9/6/18
Check #	3171 (60700)
Amount	\$ 16500 applied
Transmittal	19-156
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:	Zero Hazard, LLC			LICENSE #	569
ADDRESS:	38 Pembroke Hill				
CITY:	Farmington	STATE	CT	ZIP:	06032
PHONE #	(860) 416-0229	CONTACT PERSON:	Carlos Rosales		

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

NAME:	Estate of Frank D'Andrea				
ADDRESS:	368 Middlebury Road				
CITY:	Watertown	STATE	CT	ZIP:	06795
PHONE #	(203) 525-0355	CONTACT PERSON:	Frances Flynn		

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

ADDRESS:	368 Middlebury Road				
CITY:	Watertown	STATE:	CT	ZIP:	06795

5.(A) ABATEMENT START DATE: 09/21/2018 5.(B) COMPLETION DATE: 09/24/2018

Month/Day/Year format

Month/Day/Year format

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

Notification Fee Due: \$100.00 + 1% total asbestos abatement cost \$ 165.=

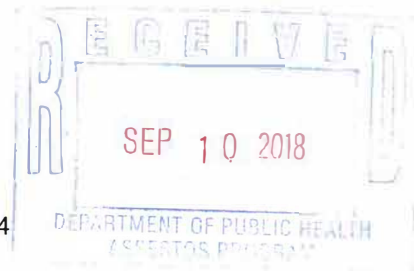
6. TOTAL ABATEMENT PROJECT COST: \$6,500.= \*REVISED COST (ONLY FOR REVISIONS):

### 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 checked="" type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS	1	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: 368 Middlebury Rd.  
 TOWN: Watertown

8. BUILDING DATA:

SQUARE FEET: 1,048 NUMBER OF FLOORS: 2 AGE: 1930

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. BREECHING INSULATION:		K. GASKETS, PACKINGS:	
E. DUCT INSULATION:		Category II	
F. CEILING TILES:		L. TRANSITE BOARD:	
G. OTHER, SPECIFY: <u>Vermiculite - 600</u>		M. OTHER, SPECIFY:	
H.* PIPE INSULATION:	<u>Use conversion table</u>	Total Square Feet	<u>600</u>
(Pipe diameter) "	Multiply LF by CF	= Total Square Feet	

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

NAME:	<u>Minerva Enterprises</u>
ADDRESS:	<u>9000 Minerva Rd.</u>
CITY, STATE, ZIP:	<u>Waynesburg, OH 44688</u>
OWNER, OPERATOR:	<u>Jay Clayton</u>

15. HAULER/ WASTE TRANSPORTER

NAME:	<u>Trans Waste</u>
ADDRESS:	<u>3 Barker Drive</u>
CITY, STATE, ZIP:	<u>Wallingford, CT 06492</u>

Signature and Title of Person Completing this Form:



Mail to:  
 DPH  
 ASBESTOS PROGRAM  
 410 CAPITOL AVENUE, MS # 51 AIR  
 PO BOX 340308  
 HARTFORD CT 06134-0308