



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

TOWN: _____

STATE USE ONLY

Post Mark Date	9/10/18
Check #	5782
Amount	\$ 142.88
Transmittal #	19-162
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. Notification fee for up to 160 Square Feet (SF) of asbestos-containing material is \$100, payable to "Treasurer, State of Connecticut". Additional fee of 1% of the abatement cost is due for projects greater than 160 SF. If demolition is to follow abatement, a separate demolition form is not required.

1. TYPE OF NOTIFICATION:				
A NEW <input checked="" type="checkbox"/>	B. BLANKET <input type="checkbox"/>			
D REVISED <input type="checkbox"/>	(ITEMS REVISED) _____ REVISION # _____ REV DATE _____			
E. EMERGENCY <input type="checkbox"/>	DESCRIBE NATURE OF EMERGENCY _____			
2. ABATEMENT CONTRACTOR:				
NAME: A. Vets Demo LLC	LICENSE # 00727			
ADDRESS: 165 Washington Street				
CITY/TOWN: Vernon, CT	STATE: CT ZIP: 06066			
PHONE # 860375-89358	CONTACT PERSON: Ana Ciotto			
3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:				
NAME: Town of Bethlehem				
ADDRESS: 36 Main St				
CITY/TOWN: Bethlehem	State CT CT 06751			
PHONE # 203-266-7510	CONTACT PERSON: Leonard Jassard			
4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)				
FACILITY NAME: Bethlehem Fire House Common				
FACILITY ADDRESS: 26 Main Street				
FACILITY CITY/TOWN: Bethlehem	STATE: CT ZIP: 06751			
5.(A) ABATEMENT START DATE: 09/25/2018	5.(B) COMPLETION DATE: 10/03/2018			
REVISED START DATE	REVISED COMPLETION DATE			
(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET				
6. TOTAL ABATEMENT PROJECT COST: 4280.00				
NOTIFICATION FEE DUE: \$100.00 + 1% (X 0.01)	TOTAL ABATEMENT COST (#6)= 142.80			
*REVISED COST (ONLY FOR REVISIONS):	ADDITIONAL FEE DUE			
7. USE OF FACILITY:				
A. SCHOOL (K-12) <input type="checkbox"/>	B. PUBLIC BUILDING <input checked="" 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 _____	I. OTHER <input type="checkbox"/>	
<i>(I. SPECIFY)</i>				

For NESHA facilities, the US EPA requires a notification for renovation and demolition activities which 60 linear feet, or 35 cubic feet of ACM, and for demolitions below the threshold for notification including when no asbestos is present.

HAS CONTRACTOR FILED AN EPA NOTIFICATION? YES NO



Phone: (860) 509-7367/ Fax: (860) 509-7378
 Telephone Device for the Deaf: (860) 509-7191
 410 Capitol Avenue- MS # 12 AIR
 PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134
Affirmative Action/ An Equal Opportunity Employer



8. BUILDING DATA:		SQUARE FEET: 964	NUMBER OF FLOORS: 1	AGE: 1964
9. ABATEMENT CLASSIFICATION:				
A. RENOVATION <input checked="" type="checkbox"/>		B. DEMOLITION <input type="checkbox"/>		C. ORDERED DEMO (AGENCY ISSUING ORDER) <input type="checkbox"/>
<i>MUST ATTACH COPY OF DEMO ORDER for ORDERED DEMOLITIONS</i>				
10. ABATEMENT TECHNIQUE:				
A. FULL CONTAINMENT WITH NEG. AIR <input checked="" type="checkbox"/>		B. ALT. WORK PRACTICE (PRE-APPROVAL REQUIRED) <input type="checkbox"/>		
(IF AWP, include) PROJECT DESIGNER NAME _____				LICENSE # _____
C. EXTERIOR ABATEMENT		D. SPOT REPAIR (>25 SQ. FT. TOTAL)		
11. ABATEMENT METHOD:				
A. REMOVAL: <input checked="" type="checkbox"/>		B. ENCAPSULATION <input type="checkbox"/>		C. ENCLOSURE: <input type="checkbox"/>
12. TYPE OF DECONTAMINATION SYSTEM:				
A. CONTIGUOUS: <input type="checkbox"/>		B. REMOTE <input type="checkbox"/>		C.: BOTH <input checked="" type="checkbox"/>
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: 960 SF Floor 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: _____		M. OTHER, SPECIFY: _____		
OTHER FRIABLE		OTHER NF		
H. PIPE INSULATION:		Use conversion table		CUMULATIVE SQ FT
<i>(Outside Pipe diameter)"</i>	<i>Multiply LF by Conversion Factor</i>	<i>= Total Square Feet</i>		
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*				
*				

Enter Up to 3 Sites and 3 Waste Hauler/Transporters

14. WASTE DISPOSAL SITE/S			
NAME:	Minerva Landfill		
ADDRESS:	9000 Minerva rd		
CITY, STATE, ZIP:	Waynesburg, OH 44688		
OWNER, OPERATOR:			
15. HAULER/ WASTE TRANSPORTER			
NAME:	Red Technologies LLC	Patterson LLC	American Vets Abatement Experts LLC
ADDRESS:	173 Pickering Street	550 Broad Street	965 Hartford Turnpike
CITY, STATE, ZIP:	Portland, CT 06480	Forestville, CT 06010	Vernon, CT 06066

Mail Form and Fee to:
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS PROGRAM
410 CAPITOL AVENUE, MS # 12 AIR
PO BOX 340308
HARTFORD CT 06134-0308

Name of Person Filling in Form Luz Rivera Title Administrative
 Signature: Luz Rivera