

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

STATE USE ONLY

Post Mark Date	10/9/18
Check #	32582
Amount	\$ 178.00
Transmittal #	19-225
Record #	

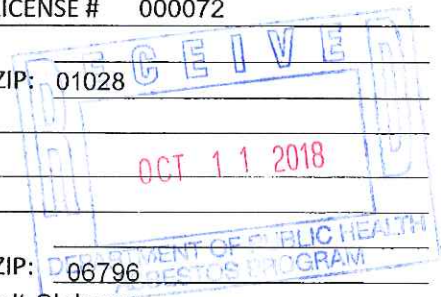
This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed 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 B. BLANKET C. CANCELLATION / POSTPONE C P
 D REVISED (ITEMS REVISED) REVISION # _____ REV DATE _____
 E. EMERGENCY DESCRIBE NATURE OF EMERGENCY _____

2. ABATEMENT CONTRACTOR:

NAME: Abide, Inc. LICENSE # 000072
 ADDRESS: P.O. Box 886; 483 Shaker Road
 CITY/TOWN East Longmeadow STATE MA ZIP: 01028
 PHONE # (413) 525-0644 CONTACT PERSON: Maria Tilli



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

NAME: Catherine Erhardt Clohessy
 ADDRESS: 44 Great Hollow Road
 CITY/TOWN West Cornwall STATE: CT ZIP: 06796
 PHONE # 860-672-6113 CONTACT PERSON: catherine Erhardt Clohessy

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

FACILITY NAME: Catherine Erhardt Clohessy
 FACILITY ADDRESS: 44 Great Hollow Road
 FACILITY CITY/TOWN: West Cornwall, STATE: CT ZIP: 06796

5.(A) ABATEMENT START DATE: 11/5/2018 5.(B) COMPLETION DATE: 11/7/2018
 REVISED START DATE _____ REVISED COMPLETION DATE _____

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

6. TOTAL ABATEMENT PROJECT COST: \$7,800.00

NOTIFICATION FEE DUE: \$100.00 + 1% (X 0.01) TOTAL ABATEMENT COST (#6) = \$178.00

*REVISED COST (ONLY FOR REVISIONS): _____ ADDITIONAL FEE DUE _____

7. USE OF FACILITY:

A. SCHOOL (K-12) B. PUBLIC BUILDING C. MANUFACTURING D. OFFICE E. COLLEGE
 F. COMMERCIAL G. CHURCH/SYNAGOGUE H. RESIDENTIAL, # OF DWELLINGS 1 I. OTHER

(I. SPECIFY) _____

For NESHAP facilities, the US EPA requires a notification for renovation and demolition activities which impact more than 160 Square feet/ 260 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



PAGE 2- NOTIFICATION ADDRESS: 44 Great Hollow Road, Town/CITY: West Cornwall, CT

8. BUILDING DATA: SQUARE FEET: 1800 NUMBER OF FLOORS: 2 AGE: 50+ years

9. ABATEMENT CLASSIFICATION:

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

10. ABATEMENT TECHNIQUE:

A. FULL CONTAINMENT WITH NEG. AIR B. ALT. WORK PRACTICE (PRE-APPROVAL REQUIRED)
(IF AWP, include) PROJECT DESIGNER & LICENSE #
C. EXTERIOR ABATEMENT D. SPOT REPAIR (>25 SQ.)

11. ABATEMENT METHOD:

A. REMOVAL B. ENCAPSULATION C. ENCLOSURE

12. TYPE OF DECONTAMINATION SYSTEM:

A. CONTIGUOUS and/or 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/
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: 520 SF attic Vermiculite M OTHER, SPECIFY:
H PIPE INSULATION: Use conversion table CUMULATIVE SQ FT

(Outside Pipe diameter)"	Multiply LF by Conversion Factor	= Total Square Feet
*		
*		
*		

Enter Up to 3 Sites and 3 Waste Hauler/Transporters

14. WASTE DISPOSAL SITE/S

NAME: Minerva Enterprises, LLC
ADDRESS: 9000 Minerva SE
CITY, STATE, ZIP: Waynesburg, OH 44688
OWNER, OPERATOR: Minerva Enterprises,

15. HAULER/WASTE TRANSPORTER

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

Mail Form and Fee to:

DPH

ASBESTOS PROGRAM

410 CAPITOL AVENUE, MS # 12 AIR

PO BOX 340308

HARTFORD CT 06134-0308

Name of Person Filling in Form Maria Tilli Title President

