



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

STATE USE ONLY

Post Mark Date	9/18/18
Check #	5153
Amount	\$ 100.00
Transmittal #	19-172
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 B. BLANKET C. CANCELLATION / POSTPONED D. REVISED (ITEMS REVISED) REVISION # _____
 E. EMERGENCY DESCRIBE NATURE OF EMERGENCY _____

2. ABATEMENT CONTRACTOR:

NAME: ASBESTOS MANAGEMENT COMPANY LLC LICENSE # 000376
ADDRESS: P.O. BOX 456
CITY: TORRINGTON STATE: CT ZIP: 06790
PHONE # 860-482-6677 CONTACT PERSON: DANIEL CIMMINO

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

NAME: Town of Winchester
ADDRESS: 338 Main St.
CITY: Winsted STATE: Ct. ZIP: _____
PHONE # 860 307 5209 CONTACT PERSON: Mark Douglas

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

ADDRESS: Vacant 3 Meadow St.
CITY: Winsted STATE: Ct. ZIP: _____

5.(A) ABATEMENT START DATE: 9/27/18 5.(B) COMPLETION DATE: 10/4/18
Month/Day/Year format Month/Day/Year format

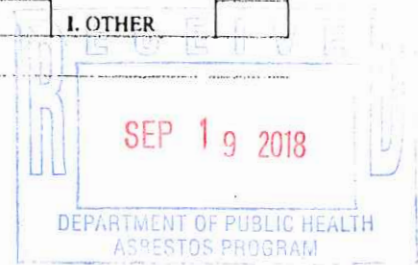
(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

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

6. TOTAL ABATEMENT PROJECT COST: _____ *REVISED COST (ONLY FOR REVISIONS): _____

7. USE OF FACILITY:

<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> F. COMMERCIAL	<input type="checkbox"/> G. CHURCH/SYNAGOGUE	<input type="checkbox"/> H. RESIDENTIAL, # OF DWELLINGS	<input type="checkbox"/> I. OTHER	
<small>(I. SPECIFY)</small>				



ADDRESS:
TOWN:

8. BUILDING DATA:

SQUARE FEET: 4005F NUMBER OF FLOORS: 1 AGE: 1949

9. ABATEMENT CLASSIFICATION:

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

RENOVATION _____ DEMOLITION

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: _____
 - B. BOILER INSULATION: _____
 - C. TANK INSULATION: _____
 - D. BREECHING INSULATION: _____
 - E. DUCT INSULATION: _____
 - F. CEILING TILES: _____
 - G. OTHER, SPECIFY: _____
 - H.* PIPE INSULATION: Use conversion table Total Square Feet
- (Pipe diameter) Multiply I.F. by CF = Total Square Feet
- I. FLOOR COVERINGS/TILES: 1505F **Category I**
 - J. ROOFING, SPECIFY: _____
 - K. GASKETS, PACKINGS: _____ **Category II**
 - L. TRANSITE BOARD: _____
 - M. OTHER, SPECIFY: _____

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

NAME: BFI IMPERIAL LANDFILL
ADDRESS: 11 BOGGS ROAD
CITY, STATE, ZIP: IMPERIAL, PA 15126
OWNER, OPERATOR: _____

15. HAULER/ WASTE TRANSPORTER

NAME: TRANSWASTE
ADDRESS: 3 BARKER DRIVE
CITY, STATE, ZIP: WALLINGFORD, CT 06492

Signature and Title of Person Completing this Form:

Barbara Commins

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