



# STATE OF CONNECTICUT

STATE USE ONLY

## DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

Post Mark Date	8/28/18
Check #	5121
Amount	\$ 173.00
Transmittal #	19-143
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      C \_\_\_\_\_ P \_\_\_\_\_  
 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: Ira Goldspiel  
 ADDRESS: 107 Kent-Cornwall Rd.  
 CITY: Kent STATE: ct. ZIP: \_\_\_\_\_  
 PHONE # 917 626 3481 CONTACT PERSON: Ira Goldspiel

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

ADDRESS: 107 Kent-Cornwall Rd.  
 CITY: Kent STATE: ct. ZIP: \_\_\_\_\_

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

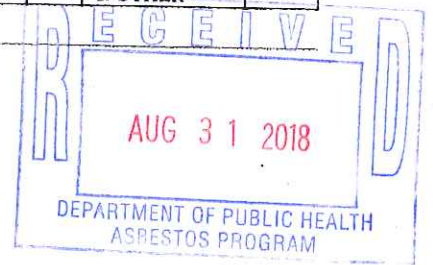
(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

Notification Fee Due: \$100.00 + 1% total asbestos abatement cost 173.00

6. TOTAL ABATEMENT PROJECT COST: \$ 7270 \*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"/>	<input checked="" type="checkbox"/> H. RESIDENTIAL, # OF DWELLINGS	<u>1</u>	I. OTHER	<input type="checkbox"/>		
(I. SPECIFY)									



ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

**8. BUILDING DATA:**

SQUARE FEET: 3900SF NUMBER OF FLOORS: 2 AGE: 1730

**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. BREECING INSULATION: \_\_\_\_\_ K. GASKETS, PACKINGS: \_\_\_\_\_

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

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

G. OTHER, SPECIFY: 650 SF Vermiculite M. OTHER, SPECIFY: \_\_\_\_\_

H. PIPE INSULATION: Use conversion table 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 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:

*Nancy Comand*

Mail to:

DPH

ASBESTOS PROGRAM

410 CAPITOL AVENUE, MS # 51 AIR

PO BOX 340308

HARTFORD CT 06134-0308