



STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only	
Post Mark Date:	<u>9/19/18</u>
Check #:	<u>10290</u>
Amount:	<u>\$ 221.00</u>
Transmittal #:	<u>19-173</u>
Record #:	_____

This form is to be completed, postmarked and filed with the Connecticut Department of Public Health 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 emergency notifications, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. The U.S. EPA may require notification of abatement or demolition, as per 40 CFR, Part 61, the asbestos NESHAP regulation. Faxed originals are not acceptable. Revisions may be faxed unless a fee is required.

INSTRUCTIONS FOR FILLING IN FORM USING 'WORD':
 This is a form that will only accept information in the "form fields". **Do not use the ENTER** button or a mouse. Use **TAB** to advance to the next field.

Mail completed notification to the address listed below

1. TYPE OF NOTIFICATION

- A. NEW X B. BLANKET _____ C. CANCELLATION / POSTPONED (C) _____ (P) _____
 D. REVISED _____ (ITEMS REVISED) _____ REVISION # _____
 E. EMERGENCY _____ DESCRIBE NATURE OF EMERGENCY _____

2. ABATEMENT CONTRACTOR:

NAME: ACCURATE INSULATION LLC. LICENSE # 000008
 ADDRESS: 33A STAFFORD AVE.
 CITY: BRISTOL STATE: CT ZIP: 06010
 PHONE #: (860) 584-2146 CONTACT PERSON: Jeff Gatzuras

3. FACILITY OWNER/OPERATOR:

NAME: Hugh Hill
 ADDRESS: 15 Saddle Ridge Farm
 CITY: Kent STATE: CT ZIP: 06757
 PHONE #: 860-248-1968 CONTACT PERSON: Hugh Hill

4. NAME OF FACILITY: (MUST BE FILLED IN)

NAME: Residence
 ADDRESS: 15 Saddle Ridge Farm
 City: Kent STATE: CT ZIP: 06757

5.(A) START DATE: 10/6/2018 **5.(B) COMPLETION DATE:** 10/13/2018

FOR PROJECTS INVOLVING 160 SQ. FT OR MORE OF ASBESTOS

6.(A) TOTAL COST OF ABATEMENT: \$12,100.00 **6.(B) REVISED COST** IF APPLICABLE

Phone: (860) 509-7367/ Fax (860) 509-7378
 410 Capitol Avenue, MS 51 AIR
 P.O. Box 340308
 Hartford, CT 06134-0308
 An Equal Opportunity Employer



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 2 I. OTHER _____ (SPECIFY) _____

8. BUILDING DATA: 2,447 2 118
 SQUARE FEET: # OF FLOORS AGE:

9. ABATEMENT CLASSIFICATION :

A. RENOVATION X B. DEMOLITION _____ C. ORDERED DEMO (AGENCY ISSUING ORDER): _____
NOTE: Attach Demolition Order

10. ABATEMENT TECHNIQUE:

A. FULL CONTAINMENT WITH NEGATIVE AIR X B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED) _____
Project Designer / LICENSE # _____
 C. EXTERIOR ABATEMENT _____ D. SPOT REPAIR (>25 SQ. FT. TOTAL) _____

11. ABATEMENT METHOD:

A. REMOVAL X
 B. ENCAPSULATION _____
 C. ENCLOSURE _____

12. TYPE OF DECONTAMINATION SYSTEM:

A. CONTIGUOUS X B. REMOTE _____

13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET):

<u>FRIABLE MATERIAL</u>		<u>NONFRIABLE MATERIAL</u>	
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>700 sq. ft. vermiculite</u>	M. OTHER, SPECIFY:	_____
H.* PIPE INSULATION (FILL OUT BELOW)	<u>108 sq. ft. plaster</u>		

(Pipe diameter) "	(Linear Feet)	x	(Conversion Factor)*	=	Total Sq. Ft.
_____	_____	x	_____	=	_____
_____	_____	x	_____	=	_____
_____	_____	x	_____	=	_____
Total Square Feet (PIPE)					_____

(*see Notify Conversion table)

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

NAME:	<u>Modern Landfill</u>	or	<u>Minerva Enterprises</u>
ADDRESS:	<u>4400 Mount Pisgah Road</u>		<u>9000 Minerva S.E.</u>
CITY, STATE, ZIP	<u>York, PA 17402</u>		<u>Waynesbury, OH 44688</u>
OWNER, OPERATOR:	<u>Republic Industries</u>		<u>Frank Seusano</u>

15. HAULER/WASTE TRANSPORTER:

NAME: Trans Waste, Inc.
 ADDRESS: 3 Barker Road
 CITY, STATE, ZIP: Wallingford, CT 06492
Name of Individual Completing This Form Brenda Lango