

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only

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...

Post Mark 11/17/18
Check No 1168
Check Amt 122.00
Trans 19-312
Rec #

1. TYPE OF NOTIFICATION

- A. NEW [X] B. BLANKET [] C. CANCELATION [] D. REVISED [] E. EMERGENCY [] F. POSTPONED []
REVISION # ITEMS REVISED

Describe Emergency

2. ABATEMENT CONTRACTOR

C-NAME Tri-State Abatement Service, LLC. LICENSE # 811
C_ADDRESS 304 Main Ave. #199
C_CITY Norwalk C_CONTACT Albert Cabral
C_STATE CT C_ZIPCODE 06851 C_PHONE (203) 418-7535

3. FACILITY OWNER/OPERATOR'S NAME

NAFI - Touchstone

O_ADDRESS 11 Country Place
O_CITY Litchfield O_CONTACT Tony
O_STATE CT O_ZIPCODE 06759 O_PHONE (203) 509-7686

4. ABATEMENT PROJECT ADDRESS

ADDRESS NAME NAFI - Touchstone

ADDRESS 2 11 Country Place
PCITY Litchfield
PSTATE CT P_ZIPCODE 06759 P>Contact (if different)

5A. ABATEMENT START DATE

11/27/18

5B. ABATEMENT END DATE

11/29/18

Revised Start

Revised End

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST \$ 2,200.00

6A. 1% of TOTAL COST

22

plus \$100 = (Notification Fee Due) 122

6B. FOR REVISIONS, ADDITIONAL COST

ADDITIONAL 1% FEE OWED \$0.00

7. USE OF FACILITY

- [X] A. SCHOOL [] D. OFFICE [] G. RELIGIOUS
[] B. PUBLIC [] E. COLLEGE [] H. RESIDENTIAL, # UNITS 1
[] C. MANUFACTURING [] F. COMMERCIAL [] I. OTHER, SPECIFY

8. BUILDING DATA

SQ FT 5400 AGE 101 NUMBER OF FLOORS 3

9. ABATEMENT CLASSIFICATION

- [X] RENOVATION [] DEMOLITION [] ORDERED DEMOLITION(ATTACH ORDER OF DEMOLITION)

10. ABATEMENT TECHNIQUE

- [X] A. FULL CONTAINMENT WITH NEG AIR [] B. ALTERNATIVE WORK PRACTICE
[] C. EXTERIOR ABATEMENT [] D. SPOT REPAIR (>25 SF)

11. ABATEMENT METHOD

- [X] A. REMOVAL
[] B. ENCAPSULATION
[] C. ENCLOSURE

12. TYPE OF DECONTAMINATION SYSTEM

- [X] A. CONTIGUOUS
[] B. REMOTE
[] C. BOTH

HAS CONTRACTOR PROVIDED US EPA with A TEN WORKING DAY NOTIFICATION?

[X] YES

[] NO



Phone (860) 509-7367 / Fax (860) 509-7378
410 Capitol Avenue- MS #12AIR PO Box 340308
Hartford CT 06134-0308



ADDRESS 11 Country Place

CITY/TOWN Litchfield

13. TYPE AND AMOUNT OF ASBESTOS CONTAINING MATERIAL TO BE ABATED

FRIABLE MATERIAL (report in square footage)

A. Sprayed/Troweled on _____ E. Duct Insul _____
 B. Boiler Insulation _____ F. Ceiling Tiles _____
 C. Tank Insulation _____ G. Other (Specify) _____
 D. Breaching Insulation _____ Other Friable, Specify _____
 Other Friable _____ Other Friable, Specify _____

(SPECIFY)

PIPE INSULATION: Measure outside diameter (OD) of pipe, multiply the length of pipe (linear feet) times the CF to report total pipe insulation in square feet (add all SF quantities below)

Conversion Factor (*CF)

OD	QTY LF	x CF	SQ FT
1"		0.26	
2"		0.52	
3"		0.79	
Total Column			0

OD	QTY LF	x CF	SQ FT
Total Column			0

H. Pipe Insulation SF
0.00

NONFRIABLE CATEGORY 1

I. Floor Coverings/Tiles 50
 J. Roofing, Specify _____
 K. Packings, Gaskets _____
 Other NF _____

NONFRIABLE CATEGORY 2

L. Transite board _____
 M. Other Nonfriable _____
 N. Other NF, Specify _____
 Other NF, Specify _____

14. WASTE HAULER (list up to 3)

H1Name Transwaste Inc.
 H1Address 3 Barker Drive
 H1City Wallingford
 H1State,Zip CT 06492
 H1Contact _____

H2Name _____
 H2Address _____
 H2City _____
 H2State,Zip _____
 H2Contact _____

H3Name _____
 H3Address _____
 H3City _____
 H3State,Zip _____
 H3Contact _____

15. LANDFILL (list up to 3)

L1Name Minerva Landfill
 L1Address 8955 Minerva Rd.
 L1City Waynesburg
 L1State,Zip OH 44655
 L1Contact _____

L2Name _____
 L2Address _____
 L2City _____
 L2State,Zip _____
 L2Contact _____

L3Name _____
 L3Address _____
 L3City _____
 L3State,Zip _____
 L3Contact _____

Form Prepared by (printed)

Albert Cabral

Signature