



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

STATE USE ONLY

Post Mark Date	9/14/18
Check #	5148
Amount	\$ 178.00
Transmittal #	19-167
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: Mike Rollins

ADDRESS: 105 Bowery St. 3rd flr

CITY: NY STATE: NY ZIP: 10002

PHONE # 212 431 0521 CONTACT PERSON: Mike Rollins

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

ADDRESS: 19 Tallmadge Ln.

CITY: Litchfield STATE: Ct. ZIP: 06759

5.(A) ABATEMENT START DATE: 9/25/18 5.(B) COMPLETION DATE: 10/5/18
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 \$178

6. TOTAL ABATEMENT PROJECT COST: \$7620 *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"/>	H. RESIDENTIAL, # OF DWELLINGS	<u>1</u>	I. OTHER	<input type="checkbox"/>		
(I. SPECIFY)									



ADDRESS: _____
TOWN: _____
AGE: 1910

8. BUILDING DATA:
SQUARE FEET: 3500 SF NUMBER OF FLOORS: 3

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

9. ABATEMENT CLASSIFICATION:
RENOVATION DEMOLITION _____
10. ABATEMENT TECHNIQUE:
A. FULL CONTAINMENT WITH NEGATIVE AIR (IF AWP, include) _____
B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED) _____
C. EXTERIOR ABATEMENT _____
D. SPOT REPAIR (>25 SQ. FT. TOTAL) _____
Project Designer & LICENSE # _____

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 _____
Category I _____

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: _____
(Pipe diameter) "4"
I. FLOOR COVERINGS/TILES: _____
J. ROOFING, SPECIFY: _____
K. GASKETS, PACKINGS: _____
L. TRANSITE BOARD: _____
M. OTHER, SPECIFY: _____
Total Square Feet _____
Total Square Feet _____
Category II _____
Use conversion table
Multiply LF by CF
170 x 1.05 = 178.5 SF

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: *Ronny Comand*

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