

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, 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. Fee is \$100 for abatement <160 Square Feet (SF). Additional 1% total cost is due for abatements of 160 SF or more. Checks payable to "Treasurer, State of Connecticut".

Post Mark 11/17/18
 Check No 1165
 Check Amt 270.00
 Trans 19-312
 Rec # _____



1. TYPE OF NOTIFICATION

- A. NEW 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 Perfetto Const.

O_ADDRESS 203 Lakeshore Dr.
 O_CITY Middlebury O_CONTACT Brittany
 O_STATE CT O_ZIPCODE 06762 O_PHONE (203) 996-7324

4. ABATEMENT PROJECT ADDRESS

ADDRESS NAME Lakeshore
 ADDRESS 2 203 Lakeshore Dr.
 PCITY Middlebury
 PSTATE CT P_ZIPCODE 06762 P_Contact (if different) _____

5A. ABATEMENT START DATE

11/26/18

5B. ABATEMENT END DATE

12/10/18

Revised Start _____

Revised End _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST \$ 17,000.00

6A. 1% of TOTAL COST

170

plus \$100

= (Notification Fee Due)

270

6B. FOR REVISIONS, ADDITIONAL COST

ADDITIONAL 1% FEE OWED

\$0.00

7. USE OF FACILITY

- 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 864

AGE 53

NUMBER OF FLOORS 1

9. ABATEMENT CLASSIFICATION

- RENOVATION DEMOLITION ORDERED DEMOLITION (ATTACH ORDER OF DEMOLITION)

10. ABATEMENT TECHNIQUE

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

11. ABATEMENT METHOD

- A. REMOVAL
 B. ENCAPSULATION
 C. ENCLOSURE

12. TYPE OF DECONTAMINATION SYSTEM

- A. CONTIGUOUS
 B. REMOTE
 C. BOTH

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

YES

NO



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



ADDRESS 203 Lake Shore Drive

CITY/TOWN Middlebury

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. Breeching Insulation _____ Other Friable, Specify _____
 Other Friable 835 Other Friable, Specify _____
 (SPECIFY) Ceiling Drywall

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 _____
 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 Cabrey
Signature _____