



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT NOTIFICATION FORM

NOV - 7 2018

TOWN: Middlebury

STATE USE ONLY

Post Mark Date	11-8-18
Check #	10018
Amount	\$ 128.00
Transmittal #	19-292
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. Notification fee for up to 160 Square Feet (SF) of asbestos-containing material is \$100, payable to "Treasurer, State of Connecticut". Additional fee of 1% of the abatement cost is due for projects greater than 160 SF. If demolition is to follow abatement, a separate demolition form is not required.

1. TYPE OF NOTIFICATION:	
A NEW <input checked="" type="checkbox"/>	B. BLANKET <input type="checkbox"/> C. CANCELLATION / POSTPONED C _____ P _____
D REVISED <input type="checkbox"/>	(ITEMS REVISED) _____ REVISION # _____ REV DATE _____
E. EMERGENCY <input type="checkbox"/>	DESCRIBE NATURE OF EMERGENCY _____
2. ABATEMENT CONTRACTOR:	
NAME:	Chater Oak Environmental, LLC LICENSE # 000557
ADDRESS:	111 Pepes Farm Road
CITY/TOWN:	Milford STATE: CT ZIP: 06460
PHONE #	888-225-6090 CONTACT PERSON: Jeffrey Harder
3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:	
NAME:	Jonathan Ricci
ADDRESS:	7 W Lake Rd
CITY/TOWN:	Middlebury STATE: CT ZIP: 06762
PHONE #	203-272-4323 CONTACT PERSON: Jonathan Ricci
4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)	
FACILITY NAME:	
FACILITY ADDRESS:	7 W Lake Rd
FACILITY CITY/TOWN:	Middlebury STATE: CT ZIP: 06762
5.(A) ABATEMENT START DATE:	11/19/2018
5.(B) COMPLETION DATE:	11/21/2018
REVISED START DATE	REVISED COMPLETION DATE

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

6. TOTAL ABATEMENT PROJECT COST:	\$2,800.00
NOTIFICATION FEE DUE:	\$100.00 + 1% (X 0.01) TOTAL ABATEMENT COST (#6)=
*REVISED COST (ONLY FOR REVISIONS):	ADDITIONAL FEE DUE \$128.00

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 <input checked="" type="checkbox"/> I. OTHER <input type="checkbox"/>
(I. SPECIFY)	

For NESHAP facilities, the US EPA requires a notification for renovation and demolition activities which 60 linear feet, or 35 cubic feet of ACM, and for demolitions below the threshold for notification including when no asbestos is present.

HAS CONTRACTOR FILED AN EPA NOTIFICATION? YES NO



Phone: (860) 509-7367/ Fax: (860) 509-7378
 Telephone Device for the Deaf: (860) 509-7191
 410 Capitol Avenue- MS # 12 AIR
 PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134
 Affirmative Action/ An Equal Opportunity Employer



8. BUILDING DATA: SQUARE FEET: 602 NUMBER OF FLOORS: 1 AGE: 1930

9. ABATEMENT CLASSIFICATION:
 A. RENOVATION B. DEMOLITION C. ORDERED DEMO (AGENCY ISSUING ORDER)
MUST ATTACH COPY OF DEMO ORDER for ORDERED DEMOLITIONS

10. ABATEMENT TECHNIQUE:
 A. FULL CONTAINMENT WITH NEG. AIR B. ALT. WORK PRACTICE (PRE-APPROVAL REQUIRED)
 (IF AWP, include) PROJECT DESIGNER NAME _____ 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 _____	Category I
B. BOILER INSULATION: _____	I. FLOOR COVERINGS/TILES: <u>6</u>
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: _____	M. OTHER, SPECIFY: <u>150 Paneling glue and kitchen</u>
OTHER FRIABLE _____	OTHER NF _____
H. *PIPE INSULATION: _____	CUMULATIVE SQ FT
(Outside Pipe diameter)"	Use conversion table
*	Multiply LF by Conversion Factor = Total Square Feet
*	
*	
*	

Enter Up to 3 Sites and 3 Waste Hauler/Transporters

14. WASTE DISPOSAL SITE/S

NAME:	<u>Minerva Enterprises</u>		
ADDRESS:	<u>9000 Minerva Road</u>		
CITY, STATE, ZIP:	<u>Waynesburgh, OH 44681</u>		
OWNER, OPERATOR:	<u>Minerva Enterprises</u>	<u>Minerva Enterprises</u>	

15. HAULER/ WASTE TRANSPORTER

NAME:	<u>Dainty Rubbish</u>	<u>Dainty Rubbish</u>	
ADDRESS:	<u>80 Industrial Park Road</u>	<u>80 Industrial Park Road</u>	
CITY, STATE, ZIP:	<u>Middletown, CT 06457</u>	<u>Middletown, CT 06457</u>	

Mail Form and Fee to:
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS PROGRAM
410 CAPITOL AVENUE, MS # 12 AIR
PO BOX 340308
HARTFORD CT 06134-0308

Name of Person Filling in Form Whitney Knight Title Office Assisant
 Signature: