STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT NOTIFICATION FORM

RECEIVED
MAY - 3 2019
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS PROGRAM

XSTATE USE ONLY

Post Mark Date	5/2/19
Check #	3121
Amount	$ 266.50
Transmittal #	19-646
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 X B. BLANKET ___ C. CANCELLATION / POSTPONED C ___ P ___

D. REVISED ___ (ITEMS REVISED) ___ REVISION # ___

E. EMERGENCY ___ DESCRIBE NATURE OF EMERGENCY

2. ABATEMENT CONTRACTOR:

NAME: Abatement Technologies LICENSE # 000421

ADDRESS: 445 Front Avenue

CITY: West Haven STATE: CT ZIP: 06516

PHONE # 203-387-2400 CONTACT PERSON: Bruce

3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:

NAME: Dale & Annie Weber

ADDRESS: 89 Maple Drive

CITY: Middlebury STATE: CT ZIP: 06762

PHONE # 937-328-4020 CodeBlue360

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

ADDRESS: 89 Maple Drive

CITY: Middlebury STATE: CT ZIP: 06762

5.(A) ABATEMENT START DATE: 05/13/19 *Month/Day/Year format*

5.(B) COMPLETION DATE: 05/17/19 *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 266.50

6. TOTAL ABATEMENT PROJECT COST: 16,650.00 ***REVISED COST (ONLY FOR REVISIONS):** ___

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	1	I. OTHER			
(I. SPECIFY)									

Phone: (860) 509-7367/ Fax: (860) 509-7378
Telephone Device for the Deaf: (860) 509-7191
410 Capitol Avenue- MS # 51 AIR
PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134
Affirmative Action/ An Equal Opportunity Employer

ADDRESS:
TOWN:

8. BUILDING DATA:

SQUARE FEET: 1,588 NUMBER OF FLOORS: 2 AGE: 1943

9. ABATEMENT CLASSIFICATION:

RENOVATION X DEMOLITION ORDERED DEMO (AGENCY ISSUING ORDER) *MUST ATTACH COPY OF DEMO ORDER*

10. ABATEMENT TECHNIQUE:

A. FULL CONTAINMENT WITH NEGATIVE AIR X B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED (IF AWP, include) **Project Designer &** LICENSE #

C. EXTERIOR ABATEMENT D. SPOT REPAIR (>25 SQ. FT. TOTAL)

11. ABATEMENT METHOD:

A. REMOVAL X B. ENCAPSULATION X C. ENCLOSURE

12. TYPE OF DECONTAMINATION SYSTEM:

A. CONTIGUOUS X 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:		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:	800+- SQft vermiculite	M. OTHER, SPECIFY:	
H.* PIPE INSULATION:	**Use conversion table**	**Total Square Feet**	

(Pipe diameter)"	*Multiply LF by CF*	*= Total Square Feet*

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

NAME:	Minerva Enterprises
ADDRESS:	8955 Minerva Road
CITY, STATE, ZIP:	Waynesburg, OH 44688
OWNER, OPERATOR:	330-866-3435

15. HAULER/ WASTE TRANSPORTER

NAME:	SC Ballard/Transwaste
ADDRESS:	P.O. Box 208/3 Barker Drive
CITY, STATE, ZIP:	North Branford, CT 06471/Wallingford, CT 06492

Signature and Title of Person Completing this Form:
Bruce Black

Mail to:

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