

**STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM**



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".

State Use	
Post Mark	10-17-18
Check No	3160
Check Amt	148.75
Trans #	19-242
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

Connecticut Asbestos Abatement, LLC LICENSE # 53.000592

C_ADDRESS 47 Linden Street
 C_CITY West Haven C_CONTACT Robert Leach
 C_STATE CT C_ZIPCODE 06516 C_PHONE 203-376-7043

3. FACILITY OWNER/OPERATOR'S NAME

Marcel Leveille

O_ADDRESS 11 Ravenwood Drive
 O_CITY Middlebury O_CONTACT Mario Marcati
 O_STATE CT O_ZIPCODE 06762 O_PHONE 860-466-0195

4. ABATEMENT PROJECT ADDRESS

ADDRESS 2 SAME AS ABOVE
 PCITY _____
 PSTATE CT P_ZIPCODE _____ P_Contact (if different) _____

5A. ABATEMENT START DATE

Revised Start 11/2/2018

5B. ABATEMENT END DATE

Revised End 11/3/2018

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

Total Cost 0

6A. 1% of TOTAL COST \$0.00 plus \$100 \$100 148.75 (Notification Fee Due)

6B. FOR REVISIONS, ADDITIONAL COST ADDITIONAL 1% FEE OWED \$0.00

7. USE OF FACILITY

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

8. BUILDING DATA

SQ FT 1970 _____ AGE 1972 _____ NUMBER OF FLOORS 2

9. ABATEMENT CLASSIFICATION

- RENOVIATION
 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 a ten day or emergency notification? YES NO



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



ADDRESS 11 Ravenwood Drive CITY/TOWN Middlebury, CT 06762

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 _____ 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	0
2"		0.52	0
3"		0.79	0
Total Column			0

OD	QTY LF	x CF	SQ FT
(other)			0
(other)			0
(other)			0
Total Column			0

H. Pipe Insulation SF 0

NONFRIABLE CATEGORY 1

I. Floor Coverings/Tiles _____
 J. Roofing, Specify _____
 K. Packings, Gaskets _____
 Other NF Wood Panel Glue 400 sq ft

NONFRIABLE CATEGORY 2

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

14. WASTE HAULER (list up to 3)

H1Name <u>Transwaste</u>	H2Name _____
H1Address <u>3 Barker Drive</u>	H2Address _____
H1City <u>Wallingford</u>	H2City _____
H1State,Zip <u>CT 06492</u>	H2State,Zip _____
H1Contact _____	H2Contact _____
H3Name _____	
H3Address _____	
H3City _____	
H3State,Zip _____	
H3Contact _____	

15. LANDFILL (list up to 3)

L1Name <u>Modern Landfill</u>	L2Name <u>Minerva Enterprises</u>
L1Address <u>4400 Mount Pisgah Road</u>	L2Address <u>9000 Minerva S.E</u>
L1City <u>York</u>	L2City <u>Waynesburg</u>
L1State,Zip <u>PA 17402</u>	L2State,Zip <u>OH 44688</u>
L1Contact _____	L2Contact _____
L3Name <u>Hakes Landfill</u>	
L3Address <u>4376 Manning Ridge Road</u>	
L3City <u>Painted Post</u>	
L3State,Zip <u>NY 14870</u>	
L3Contact _____	

Form Prepared by (printed)

Robert M. Leach

Signature

Robert M Leach