

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	10/12/18
Check No	5194
Check Amt	132.00
Trans #	19-231
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

ASBESTOS MANAGEMENT COMPANY, LLC LICENSE # 000376

C_ADDRESS P.O. BOX 456
C_CITY TORRINGTON C_CONTACT DANIEL CIMMINO
C_STATE CT C_ZIPCODE 6790 C_PHONE 860-482-6677

3. FACILITY OWNER/OPERATOR'S NAME

O_ADDRESS Wiane Hulser PO Box 1433
O_CITY Holmes Beach O_CONTACT Wiane Hulser
O_STATE Fla. O_ZIPCODE 32218 O_PHONE 860 306 7638

4. ABATEMENT PROJECT ADDRESS

ADDRESS 2 9 Maple Ave.
PCITY Norfolk
PSTATE CT P_ZIPCODE _____ P_Contact (if different) _____

5A. ABATEMENT START DATE

10-22-18

5B. ABATEMENT END DATE

11-7-18

Revised Start _____ Revised End _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

6A. 1% of TOTAL COST \$0.00 plus \$100 \$100 Total Cost 0
(Notification Fee Due)

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

2956 SQ FT 1880 AGE 3 NUMBER OF FLOORS

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 a ten day or emergency notification? YES NO



Phone (860) 509-7367 / Fax (860) 509-7378
410 Capital Avenue - 175 #12AIR
PO Box 340308
Hartford CT 06134-0308



ADDRESS _____

CITY/TOWN _____

13. TYPE AND AMOUNT OF ASBESTOS CONTAINING MATERIAL TO BE ABATED

FRIABLE MATERIAL (report in square footage)

- A. Sprayed/Troweled on _____
- B. Boiler Insulation _____
- C. Tank Insulation _____
- D. Breeching Insulation _____
- Other Friable _____
- E. Duct Insul _____
- F. Ceiling Tiles _____
- G. Other (Specify) Asbestos Paper 9-2004 Ltr
- Other Friable, Specify _____
- 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	H. Pipe Insulation SF
(other)	<u>60</u>	<u>1.05</u>	0	<u>6.25 SF</u>
(other)			0	
(other)			0	
Total Column			0	0

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
 H1Address 3 BARKER DRIVE
 H1City WALLINGFORD
 H1State,Zip CT, 06492
 H1Contact _____
 H3Name _____
 H3Address _____
 H3City _____
 H3State,Zip _____
 H3Contact _____

H2Name _____
 H2Address _____
 H2City _____
 H2State,Zip _____
 H2Contact _____

15. LANDFILL (list up to 3)

L1Name BFI IMPERIAL LANDFILL
 L1Address 11 BOGGS ROAD
 L1City IMPERIAL
 L1State,Zip PA, 15126
 L1Contact _____
 L3Name _____
 L3Address _____
 L3City _____
 L3State,Zip _____
 L3Contact _____

L2Name _____
 L2Address _____
 L2City _____
 L2State,Zip _____
 L2Contact _____

Form Prepared by (printed)

Danny DiMarino
 Signature Danny DiMarino