



RECEIVED
DEC 10 2018

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only
Post Mark 12-6-18
Check No 5285
Check Amt \$ 310.00
Trans 19-353
Rec # _____

1. TYPE OF NOTIFICATION

- A. New
- B. Blanket
- C. Cancellation
- D. Revised
- E. Emergency
- F. Postponed

Revision # _____ ITEMS REVISED _____
Explain Emergency _____

2. ABATEMENT CONTRACTOR

C_Name Asbestos Management Company, LLC License # 53.000 3 7 6
 C_Address P.O. Box 456
 C_City Torrington C_Contact Daniel Cimmino
 C_State CT C_Zipcode 06790 C_Phone (860) 482-6677

3. FACILITY OWNER

O_Name Michael & Barbara Zimmerman
 O_Address 177 Wells Hill Rd.
 O_City Lakeville O_Contact Billy Segalla
 O_State CT O_Zipcode 06039 O_Phone _____

4. PROJECT

Name of Facility Vacant ~~res~~ residence
 P_Address 24 Woodland Dr.
 P_City Lakeville Salisbury P_Contact Billy Segalla
 P-State CT P_Zipcode 06039 P_Phone 860 248 0800

5A. ABATEMENT START DATE 12-19-18 5B. ABATEMENT END DATE 1-4-18

REVISED START _____

REVISED END _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST \$ 20,620.00

6A. 1% of TOTAL COST \$ 210 plus \$100 6B.=(Notification Fee Due) \$ 310.00

FOR REVISIONS, ADDITIONAL COST _____ Additional 1% Fee Owed _____ Paid to Date _____

7. FACILITY USE

- A. School (K-12)
 - B. Public
 - C. Manufacturing
 - D. Office
 - E. College
 - F. Commercial
 - G. Religious
 - H. Residential
 - I. Other, Specify
- # of Units 1

8. BUILDING DATA

Sq. Ft. 2300 Age 1952 Years 62 Number Floors 2

9. CLASSIFICATION

- Renovation
- Demolition
- Ordered Demo (ATTACH ORDER)

10. TECHNIQUE

- A. Full Containment with Neg Pressure
- B. Alternative Work Practice (pre-approved)
- C. Exterior
- D. Spot Repair

11. METHOD

- A. Removal
- B. Encapsulation
- C. Enclosure

12. TYPE of DECONTAMINATION

- A. Contiguous
- B. Remote
- C. Both

HAS CONTRACTOR PROVIDED US EPA with A TEN WORKING DAY or EMERGENCY NOTIFICATION? YES NO

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 505F
- C. Tank Insulation _____
- D. Breeching Insulation _____
- Other Friable SqFt. Verm. / F.g. 1600^{sq} (SPECIFY) _____
- E. Duct Insul _____
- F. Ceiling Tiles _____
- G. Other (Specify) Other _____
- Friable, Specify Other _____
- Friable, Specify Skim coat wall 3505F

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

| | | | | | | | | | | | | |
|----|--------|---|----|---|-------|--|----|--------|---|----|---|-------|
| OD | QTY LF | x | CF | = | SQ FT | | OD | QTY LF | x | CF | = | SQ FT |
| | | | | | 0 | | | | | | | 0 |
| | | | | | 0 | | | | | | | 0 |
| | | | | | 0 | | | | | | | 0 |

Total Columns 0

H. Pipe Insulation SF

NONFRIABLE CATEGORY 1 SQ FT SPECIFY TYPE

NONFRIABLE CATEGORY 2 SQ FT SPECIFY TYPE

- I. Floor Coverings/Tiles 300 Linoleum 500^{sq} VAT
- J. Roofing, Specify _____
- K. Packings, Gaskets _____
- Other NF _____
- M. Other NF, Specify 105F sink undercoating
- N. Other NF, Specify 3005F shingles
- Other NF, Specify 2005F shingles streets

List other NF (M) _____

14. HAULER *list up to 3 sites

| | | | |
|-------------|-----------------------|-------------|-------|
| 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. WASTE DISPOSAL SITE *list up to 3 sites

| | | | |
|-------------|------------------------------|-------------|----------------------------------|
| L1Name | <u>BFI Imperial Landfill</u> | L2Name | <u>Casella Highland Landfill</u> |
| L1Address | <u>11 Boggs Road</u> | L2Address | <u>6653 Herdman Rd.</u> |
| L1City | <u>Imperial</u> | L2City | <u>Angelica NY 14813</u> |
| L1State,Zip | <u>PA, 15126</u> | L2State,Zip | _____ |
| L1Contact | _____ | L2Contact | <u>585 466 7271</u> |
| L3Name | _____ | | |
| L3Address | _____ | | |
| L3City | _____ | | |
| L3State,Zip | _____ | | |
| L3Contact | _____ | | |

Form Prepared by (printed)

Nanny Cimmino

Signature

Nanny Cimmino