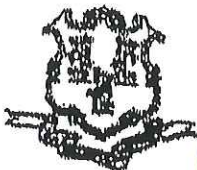


\$100.



RECEIVED
OCT 31 2018
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS PROGRAM

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only
Post Mark Date: 10-30-18
Check #: 3118
Amount: 100.00
Transmittal #: 19-273
Record #:

This form is to be completed, postmarked and filed with the Connecticut Department of Public Health ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-322a-3. In case of emergency notifications, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. The U.S. EPA may require notification of abatement or demolition, as per 40 CFR, Part 61, the asbestos NESHAP regulation. Faxed originals are not acceptable. Revisions may be faxed unless a fee is required.

INSTRUCTIONS FOR FILLING IN FORM USING "WORD":
This is a form that will only accept information in the "form fields". Do not use the ENTER button or a mouse. Use TAB to advance to the next field.

Mail completed notification to the address listed below

1. TYPE OF NOTIFICATION

A. NEW B. BLANKET _____ C. CANCELLATION / POSTPONED (C) _____ (P) _____
D. REVISED _____ (ITEMS REVISED) _____ REVISION # _____
E. EMERGENCY _____ DESCRIBE NATURE OF EMERGENCY _____

2. ABATEMENT CONTRACTOR:

NAME: Asbestos Removal & Const Services LICENSE # 000003
ADDRESS: 168 Stone Rd
CITY: Burlington STATE: CT ZIP 06013
PHONE #: (860) 675-6968 CONTACT PERSON: John Hebert

3. FACILITY OWNER/OPERATOR:

NAME: Trinity Church
ADDRESS: 484 Lime Rock Road
CITY: Lakeville STATE: CT ZIP 060
PHONE #: (860) 675-6968 CONTACT PERSON: John Hebert

4. NAME OF FACILITY: (MUST BE FILLED IN)

NAME: Trinity Episcopal Church
ADDRESS: 484 Lime Rock Road
CITY: Lakeville STATE: CT ZIP: 060

5.(A) START DATE: 11-7-2018 5.(B) COMPLETION DATE: 11-9-2018

FOR PROJECTS INVOLVING 160 SQ. FT OR MORE OF ASBESTOS

6.(A) TOTAL COST OF ABATEMENT: _____ 6.(B) IF APPLICABLE REVISED COST _____

Phone: (860) 509-7367/ Fax (860) 509-7378
410 Capitol Avenue, MS 51 AIR
P.O. Box 340308
Hartford, CT 06134-0308
An Equal Opportunity Employer

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 _____ I. OTHER _____ (SPECIFY) _____

8. BUILDING DATA: 4500 2 ~150
 SQUARE FEET # OF FLOORS AGE:

9. ABATEMENT CLASSIFICATION:

A. RENOVATION B. DEMOLITION _____ C. ORDERED DEMO (AGENCY ISSUING ORDER): _____
 NOTE: Attach Demolition Order

10. ABATEMENT TECHNIQUE:

A. FULL CONTAINMENT WITH NEGATIVE AIR B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED) _____
 Project Designer / 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 _____

13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET):

FRIABLE MATERIAL		NONFRIABLE MATERIAL	
A. SPRAYED/TROWELED ON	_____	Category I	
B. BOILER INSULATION:	_____	I.: FLOOR COVERINGS/TILES:	_____
C. TANK INSULATION:	_____	J.: ROOFING, SPECIFY:	_____
D. BREECING INSULATION:	_____	K. GASKETS, PACKINGS:	_____
E. DUCT INSULATION:	_____	Category II	
F. CEILING TILES:	_____	L. TRANSITE BOARD:	_____
G. OTHER, SPECIFY:	_____	M. OTHER, SPECIFY:	_____
H.* PIPE INSULATION (FILL OUT BELOW)	_____	L. TRANSITE BOARD: <u>to be removed in Full test w/air test 80SF</u>	

(Pipe diameter)	(Linear Feet)	(Conversion Factor)	= Total Sq. Ft.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Square Feet (PIPE)			_____

(*see Notif Conversion table)

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

NAME: BFI Imperial Landfill
 ADDRESS: 11 Boggs Rd
 CITY, STATE, ZIP: Imperial, PA 15126
 OWNER, OPERATOR: _____

15. HAULER/WASTE TRANSPORTER:

NAME: Transwaste Inc
 ADDRESS: 3 Barker Dr
 CITY, STATE, ZIP: Wallingford, CT 06492
 Name of Individual Completing this Form: John Hebert