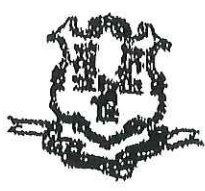


#164



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only  
Post Mark Date: 11/29/18  
Check #: 3125.00  
Amount: 164.00  
Transmittal #: 19-334  
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-332a-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 abatement 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) \_\_\_\_\_  
E. EMERGENCY \_\_\_\_\_ DESCRIBE NATURE OF EMERGENCY \_\_\_\_\_ REVISION # \_\_\_\_\_

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: Sydney Paine  
ADDRESS: 218 Between the Lakes Road  
CITY: Salisbury STATE: CT ZIP: 060  
PHONE #: (810) 675-6968 CONTACT PERSON: John Hebert

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

NAME: 64 Hammettown Road  
ADDRESS: Lakeville CT  
CITY: Lakeville (SALISBURY) STATE: CT ZIP: 060

5.(A) START DATE: 12-6-18 5.(B) COMPLETION DATE: 12-15-18

FOR PROJECTS INVOLVING 160 SQ. FT OR MORE OF ASBESTOS

6.(A) TOTAL COST OF ABATEMENT: 6400. 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 1 I. OTHER \_\_\_\_\_ (SPECIFY) \_\_\_\_\_

8. BUILDING DATA: 2600 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:	_____	L. FLOOR COVERINGS/TILES:	_____
C. TANK INSULATION:	_____	J. ROOFING, SPECIFY:	_____
D. BREECHING INSULATION:	_____	K. GASKETS, PACKINGS:	_____
E. DUCT INSULATION:	<u>15F</u>	Category II	
F. CEILING TILES:	_____	L. TRANSITE BOARD:	_____
G. OTHER, SPECIFY:	_____	M. OTHER, SPECIFY:	_____
H.* PIPE INSULATION (FILL OUT BELOW)	_____		

(Pipe diameter)	(Linear Feet)	(Conversion Factor)	=	Total Sq. Ft.
<u>3"</u>	<u>200</u>	<u>.79</u>	=	<u>158</u>
_____	_____	_____	=	_____
_____	_____	_____	=	_____
<b>Total Square Feet (PIPE)</b>				<b>158</b>

(\*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: Tranowaste Inc  
 ADDRESS: 3 Barker Dr  
 CITY, STATE, ZIP: Wallingford, CT 06492  
 Name of Individual Completing This Form: John Hebert