STATE OF CONNECTICUT
DEPARMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only
Post Mark 5/31/19
Check No 5553
Check Amt $ 100.00
Trans 19-717
Rec #

1. **TYPE OF NOTIFICATION**

☑ A. New ☐ C. Cancelation ☐ D. Revised ☐ E. Emergency ☐ F. Postponed
☐ B. Blanket ☐ 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 Wilcox Johnson Trust
O_Address 1210 University Dr
O_City Torrington O_Contact Caroline Ugarte
O_State Ct. O_Zipcode 06790 O_Phone 860 482 7181

4. **PROJECT**

Name of Facility Residence 1210 University Dr.
P_Address
P_City Torrington P_Contact Caroline Wilcox Ugarte
P-State CT P_Zipcode 06790 P_Phone 860 482 7181

5A. **ABATEMENT START DATE** 6-11-19 5B. **ABATEMENT END DATE** 6-18-19

REVISED START ____ REVISED END ____

6. **ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER** TOTAL COST ____

6A. 1% of TOTAL COST plus $100 6B.=(Notification Fee Due) $100.00

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

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

8. **BUILDING DATA** Sq. Ft. 2370SF Age 1944 Years Number Floors 2

9. **CLASSIFICATION** Renovation ☑ Demolition ☐ Ordered Demo ☐ (ATTACH ORDER)

10. **TECHNIQUE**
A. Full Containment with Neg Pressure ☑ C. Exterior ☐
B. Alternative Work Practice (pre-approved) ☐ 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 ☐

JUN 3 2019

Phone (860) 509-7367 / Fax (860) 509-7378

ADDRESS _____ CITY/TOWN _____

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) Other	
D. Breeching Insulation		Friable, Specify Other	
Other Friable SqFt (SPECIFY)		Friable, 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

OD	QTY LF	x CF	= SQ FT	OD	QTY LF	x CF	= SQ FT
4in.	110'	1.05	115.5				0
			0				0
			0				0

Total Columns 0

NONFRIABLE CATEGORY 1	SQ FT	SPECIFY TYPE	NONFRIABLE CATEGORY 2	SQ FT	SPECIFY TYPE
I. Floor Coverings/Tiles			L. Transite board		
J. Roofing, Specify			M. Other NF, Specify		
K. Packings, Gaskets			N. Other NF, Specify		
Other NF			Other NF, Specify		

H. Pipe Insulation SF

List other NF (M) _____

14. HAULER *list up to 3 sites

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

15. WASTE DISPOSAL SITE *list up to 3 sites

L1Name	BFI Imperial Landfill	L2Name	
L1Address	11 Boggs Road	L2Address	
L1City	Imperial	L2City	
L1State,Zip	PA, 15126	L2State,Zip	
L1Contact		L2Contact	
L3Name			
L3Address			
L3City			
L3State,Zip			
L3Contact			

Form Prepared by (printed)

Danny Cimmino

Signature

Danny Cimmino