

ADDRESS: _____
TOWN: _____

8. BUILDING DATA:
SQUARE FEET: 15000 SF NUMBER OF FLOORS: 3 AGE: 1936

9. ABATEMENT CLASSIFICATION:

RENOVATION DEMOLITION _____
ORDERED DEMO (AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

10. ABATEMENT TECHNIQUE:

A. FULL CONTAINMENT WITH NEGATIVE AIR B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED)
(IF AWP, include) 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 C. BOTH

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

FRIABLE MATERIAL

NONFRIABLE MATERIAL

A. SPRAYED/TROWELED ON:				
B. BOILER INSULATION:			(I) FLOOR COVERINGS/TILES:	<u>150 SF V.A.T. & 25500.00 SF</u>
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:	Use conversion table	Total Square Feet		
(Pipe diameter)	Multiply LF by CF	= Total Square Feet		
6" 30'	1.57		47.1	
5" 70' 180'	1.31	235.8	91.7	
4" 285'	1.05	285	189.5	
				327.8

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

NAME: BFI IMPERIAL LANDFILL
ADDRESS: 11 BOGGS ROAD
CITY, STATE, ZIP: IMPERIAL, PA 15126
OWNER, OPERATOR: _____

15. HAULER/WASTE TRANSPORTER

NAME: TRANSWASTE
ADDRESS: 3 BARKER DRIVE
CITY, STATE, ZIP: WALLINGFORD, CT 06492

Signature and Title of Person Completing this Form:

Bonny Curran

Mail to:
DPH

ASBESTOS PROGRAM
410 CAPITOL AVENUE, MS # 51 AIR
PO BOX 340308
HARTFORD CT 06134-0308