

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT NOTIFICATION FORM



State Use	
Post Mark	10/10/18
Check No	5189
Check Amt	100.00
Trans #	19-224
Rec #	

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least 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 an emergency, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due. Fee is \$100 for abatement <160 Square Feet (SF). Additional 1% total cost is due for abatements of 160 SF or more. Checks payable to "Treasurer, State of Connecticut".

1. TYPE OF NOTIFICATION

- A. NEW  B. BLANKET  C. CANCELATION  D. REVISED  E. EMERGENCY  F. POSTPONED
- REVISION # \_\_\_\_\_ ITEMS REVISED \_\_\_\_\_

Describe Emergency \_\_\_\_\_

2. ABATEMENT CONTRACTOR

ASBESTOS MANAGEMENT COMPANY, LLC LICENSE # 000376

C\_ADDRESS P.O. BOX 456  
 C\_CITY TORRINGTON C\_CONTACT DANIEL CIMMINO  
 C\_STATE CT C\_ZIPCODE 6790 C\_PHONE 860-482-6677

3. FACILITY OWNER/OPERATOR'S NAME

Torrington Savings Bank  
 O\_ADDRESS 129 Main St.  
 O\_CITY Torrington O\_CONTACT Mark Perbeck  
 O\_STATE CT O\_ZIPCODE 06790 O\_PHONE 860-806-8209

4. ABATEMENT PROJECT ADDRESS

ADDRESS 2 129 Main St.  
 PCITY Torrington  
 PSTATE CT P\_ZIPCODE 06790 P>Contact (if different) \_\_\_\_\_

5A. ABATEMENT START DATE

Oct. 22, 2018

5B. ABATEMENT END DATE

Nov. 3, 2018

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

Revised Start	Revised End	Total Cost	0
6A. 1% of TOTAL COST \$0.00	plus \$100	<u>\$100</u>	(Notification Fee Due)
6B. FOR REVISIONS, ADDITIONAL COST		ADDITIONAL 1% FEE OWED	\$0.00

7. USE OF FACILITY

- A. SCHOOL  D. OFFICE  G. RELIGIOUS  
 B. PUBLIC  E. COLLEGE  H. RESIDENTIAL, # UNITS  
 C. MANUFACTURING  F. COMMERCIAL  I. OTHER, SPECIFY Bank

8. BUILDING DATA

15000 SQ FT 1936 AGE NUMBER OF FLOORS = 2

9. ABATEMENT CLASSIFICATION

- RENOVATION  DEMOLITION  ORDERED DEMOLITION  
 (ATTACH ORDER OF DEMOLITION)

10. ABATEMENT TECHNIQUE

- A. FULL CONTAINMENT WITH NEG AIR  B. ALTERNATIVE WORK PRACTICE  
 C. EXTERIOR ABATEMENT  D. SPOT REPAIR (>25 SF)

11. ABATEMENT METHOD

- A. REMOVAL  
 B. ENCAPSULATION  
 C. ENCLOSURE

12. TYPE OF DECONTAMINATION SYSTEM

- A. CONTIGUOUS  
 B. REMOTE  
 C. BOTH

Has Contractor provided a ten day or emergency notification? YES  NO



Phone (860) 509-7367 / Fax (860) 509-7378  
 410 Capitol Avenue- MS #12AIR  
 PO Box 340308  
 Hartford CT 06134-0308



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 \_\_\_\_\_
- C. Tank Insulation \_\_\_\_\_
- D. Breeching Insulation \_\_\_\_\_
- Other Friable \_\_\_\_\_
- E. Duct Insul \_\_\_\_\_
- F. Ceiling Tiles \_\_\_\_\_
- G. Other (Specify) \_\_\_\_\_
- Other Friable, Specify \_\_\_\_\_
- Other Friable, Specify \_\_\_\_\_

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 (\*CF)

OD	QTY LF	x CF	SQ FT
1"		0.26	0
2"		0.52	0
3"		0.79	0
Total Column			0

OD	QTY LF	x CF	SQ FT
(other)	2.05	4" x 1000	1055 SF
(other)			0
(other)			0
Total Column			0

H. Pipe Insulation SF  
0

**NONFRIABLE CATEGORY 1**

- I. Floor Coverings/Tiles \_\_\_\_\_
- J. Roofing, Specify \_\_\_\_\_
- K. Packings, Gaskets \_\_\_\_\_
- Other NF \_\_\_\_\_

**NONFRIABLE CATEGORY 2**

- L. Transite board \_\_\_\_\_
- M. Other Nonfriable \_\_\_\_\_
- N. Other NF, Specify \_\_\_\_\_
- Other NF, Specify \_\_\_\_\_

**14. WASTE HAULER (list up to 3)**

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. LANDFILL (list up to 3)**

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)

Signature Warry C. ...