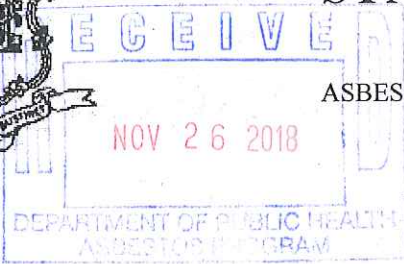


STATE OF CONNECTICUT

15061 STATE USE ONLY



DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

Post Mark Date	11-23-18
Check #	1604
Amount	\$ 132.00
Transmittal #	19-323
Record #	

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.

1. TYPE OF NOTIFICATION:

A. NEW	<input checked="" type="checkbox"/>	B. BLANKET	<input type="checkbox"/>	C. CANCELLATION / POSTPONED	<input type="checkbox"/>	C	<input type="checkbox"/>	P	<input type="checkbox"/>
D. REVISED	<input type="checkbox"/>	(ITEMS REVISED)	<input type="checkbox"/>	REVISION #	<input type="checkbox"/>				
E. EMERGENCY	<input type="checkbox"/>	DESCRIBE NATURE OF EMERGENCY							

2. ABATEMENT CONTRACTOR:

NAME:	Mount Carmel Construction LLC	LICENSE #	00474
ADDRESS:	P.O. Box 2098		
CITY:	North Haven	STATE:	Ct
PHONE #	203-234-8488	CONTACT PERSON:	Peter
		ZIP:	06473

3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:

NAME:	Sean Morneault		
ADDRESS:	154 Carroll Drive		
CITY:	Torrington	STATE:	CT
PHONE #	203 668 4544	CONTACT PERSON:	Peter Latella
		ZIP:	06790

4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)

ADDRESS:	154 Carroll Drive		
CITY:	Torrington	STATE:	CT
		ZIP:	06790

5.(A) ABATEMENT START DATE:	12/3/18	5.(B) COMPLETION DATE:	12/6/18
	<i>Month/Day/Year format</i>		<i>Month/Day/Year format</i>

(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

Notification Fee Due: \$100.00 + 1% total asbestos abatement cost \$132.00

6. TOTAL ABATEMENT PROJECT COST: \$3,200 *REVISED COST (ONLY FOR REVISIONS):

7. USE OF FACILITY:

A. SCHOOL (K-12)	<input type="checkbox"/>	B. PUBLIC BUILDING	<input type="checkbox"/>	C. MANUFACTURING	<input type="checkbox"/>	D. OFFICE	<input type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS	1	I. OTHER	<input type="checkbox"/>		
(I. SPECIFY)									



ADDRESS: 159 Carroll Dr
 TOWN: Torington

8. BUILDING DATA:

SQUARE FEET: 1008 NUMBER OF FLOORS: 1 AGE: 1960

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:		Category I
B. BOILER INSULATION:		I. FLOOR COVERINGS/TILES: <u>Tile 560 Sq Ft</u>
C. TANK INSULATION:		J. ROOFING, SPECIFY:
D. BREECHING INSULATION:		K. GASKETS, PACKINGS:
E. DUCT INSULATION:		Category II
F. CEILING TILES:		L. TRANSITE BOARD:
G. OTHER, SPECIFY:		M. OTHER, SPECIFY:
H.* PIPE INSULATION:	<u>Use conversion table</u>	<u>Total Square Feet</u>
(Pipe diameter)"	Multiply LF by CF	= Total Square Feet

14. 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 Drive
CITY, STATE, ZIP:	Wallingford, CT 06492

Signature and Title of Person Completing this Form: Peter Lattin Project Manager

Mail to:
 DPH
 ASBESTOS PROGRAM