



# STATE OF CONNECTICUT

STATE USE ONLY

## DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

Post Mark Date	9/20/18
Check #	1308
Amount	\$ 800.00
Transmittal #	19-178
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  B. BLANKET  C. CANCELLATION / POSTPONED C  P   
 D. REVISED  (ITEMS REVISED)  REVISION #   
 E. EMERGENCY  DESCRIBE NATURE OF EMERGENCY

### 2. ABATEMENT CONTRACTOR:

NAME: Alberca Construction Co, LLC LICENSE # 670  
 ADDRESS: Po box 280252  
 CITY: East Hartford STATE: CT ZIP: 06128  
 PHONE # 860 869 8270 CONTACT PERSON: Victor R. Alberca

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

NAME: Torrington Public Schools  
 ADDRESS: 355 Migeon Ave.  
 CITY: Torrington STATE: CT ZIP: 06790  
 PHONE # 203-554-1797 CONTACT PERSON: Kevin Horrigan

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

ADDRESS: 196 Oak Ave ( Former Southeast School)  
 CITY: Torrington STATE: CT ZIP: 06790

5.(A) ABATEMENT START DATE: 10/03/2018 5.(B) COMPLETION DATE: 10/30/2018  
*Month/Day/Year format Month/Day/Year format*

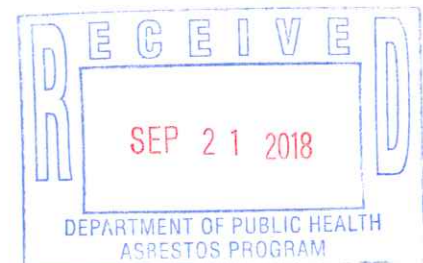
(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

Notification Fee Due: \$100.00 + 1% total asbestos abatement cost 800.00

6. TOTAL ABATEMENT PROJECT COST: 70,000.00 \*REVISED COST (ONLY FOR REVISIONS):

### 7. USE OF FACILITY:

A. SCHOOL (K-12)	<input checked="" 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	<input type="checkbox"/>	I. OTHER	<input type="checkbox"/>		
(I. SPECIFY)									



ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_

**8. BUILDING DATA:**

SQUARE FEET: +10000 NUMBER OF FLOORS: 1 AGE: +50

**9. ABATEMENT CLASSIFICATION:**

ORDERED DEMO (AGENCY ISSUING ORDER) *MUST ATTACH COPY OF DEMO ORDER*

RENOVATION X DEMOLITION \_\_\_\_\_

**10. ABATEMENT TECHNIQUE:**

A. FULL CONTAINMENT WITH NEGATIVE AIR X 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 X B. ENCAPSULATION \_\_\_\_\_ C. ENCLOSURE \_\_\_\_\_

**12. TYPE OF DECONTAMINATION SYSTEM:**

A. CONTIGUOUS X B. REMOTE X 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: \_\_\_\_\_

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: Plaster : 12170 SF M. OTHER, SPECIFY: \_\_\_\_\_

H.\* PIPE INSULATION: Use conversion table **Total Square Feet** \_\_\_\_\_

(Pipe diameter)" Multiply LF by CF = Total Square Feet

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

NAME:	MODERN LANDFILL	NAME:	HAKES LANDFILL
ADDRESS:	4400 MOUNT PISGAH RD.	ADDRESS:	4376 MANNING RIDGE RD
CITY, STATE, ZIP:	YORK, PA 17402	CITY, STATE, ZIP:	PAINTED POST, NY 14870
OWNER, OPERATOR:	JODI, PHONE 717-246-4615	OWNER, OPERATOR:	BONNIE, PHONE 607-937-6044

NAME:	MINERVA ENTERPRISES	NAME:	
ADDRESS:	9000 MINERVA RD.	ADDRESS:	
CITY, STATE, ZIP:	PIKE TOWNSHIP, OH 44688	CITY, STATE, ZIP:	
OWNER, OPERATOR:	STEVE CHANDLER	OWNER, OPERATOR:	

**15. HAULER/ WASTE TRANSPORTER**

NAME:	Transwaste, Inc.
ADDRESS:	3 Barker St.
CITY, STATE, ZIP:	Wallingford, CT 16492

Victor R. Alberca, Manager

Signature and Title of Person Completing this Form: \_\_\_\_\_

*Mail to:*

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