

**STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH  
ASBESTOS ABATEMENT NOTIFICATION FORM**



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".

State Use	
Post Mark	10-16-18
Check No	5203
Check Amt	138.00
Trans #	17-238
Rec #	

**1. TYPE OF NOTIFICATION**

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

Abatement Address →

O\_ADDRESS 18 Apple St.  
 O\_CITY Torrington    O\_CONTACT \_\_\_\_\_  
 O\_STATE CT    O\_ZIPCODE 06790    O\_PHONE \_\_\_\_\_

**4. ABATEMENT PROJECT ADDRESS**

Owner →

ADDRESS 2 John Dowling  
 PCITY 220 Hickory Ln Southbury  
 PSTATE CT    P\_ZIPCODE 06488    P\_Contact (if different) Mark Landucci

**5A. ABATEMENT START DATE**

10-25-18

**5B. ABATEMENT END DATE**

11-7-18

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

Revised Start    Revised End    Total Cost 0 138.00  
 6A. 1% of TOTAL COST \$0.00 83720 plus \$100 \$100 (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 2  
 C. MANUFACTURING     F. COMMERCIAL     I. OTHER, SPECIFY \_\_\_\_\_

**8. BUILDING DATA**

1600 SQ FT    1900 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. Breaching 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)	130'	x 1.31	0
(other)			0
(other)			0
Total Column			0

5 inch 170,35F

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 <u>TRANSWASTE</u>	H2Name _____
H1Address <u>3 BARKER DRIVE</u>	H2Address _____
H1City <u>WALLINGFORD</u>	H2City _____
H1State,Zip <u>CT, 06492</u>	H2State,Zip _____
H1Contact _____	H2Contact _____
H3Name _____	
H3Address _____	
H3City _____	
H3State,Zip _____	
H3Contact _____	

**15. LANDFILL (list up to 3)**

L1Name <u>BFI IMPERIAL LANDFILL</u>	L2Name _____
L1Address <u>11 BOGGS ROAD</u>	L2Address _____
L1City <u>IMPERIAL</u>	L2City _____
L1State,Zip <u>PA, 15126</u>	L2State,Zip _____
L1Contact _____	L2Contact _____
L3Name _____	
L3Address _____	
L3City _____	
L3State,Zip _____	
L3Contact _____	

Form Prepared by (printed)

Danny Cimmino  
Signature Danny Cimmino