STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT NOTIFICATION FORM

STATE USE ONLY

Post Mark Date	7/21/18
Check #	5069
Amount	$ 100.00
Transmittal #	19-47
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 (1) B. BLANKET C. CANCELLATION / POSTPONED C P

D. REVISED (ITEMS REVISED) REVISION #

E. EMERGENCY DESCRIBE NATURE OF EMERGENCY

2. ABATEMENT CONTRACTOR:

NAME: ASBESTOS MANAGEMENT COMPANY LLC LICENSE # 000376

ADDRESS: P.O. BOX 456

CITY: TORRINGTON STATE: CT ZIP: 06790

PHONE # 860-482-6677 CONTACT PERSON: DANIEL CIMMINO

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

NAME: Dina Frigo

ADDRESS: 21 Tracey Ave

CITY: Torrington STATE: Ct. ZIP: 06790

PHONE # 860 482 8127 CONTACT PERSON: Dina Frigo

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

ADDRESS: Vacant 21 Tracey Ave

CITY: Torrington STATE: Ct. ZIP: 06790

5.(A) ABATEMENT START DATE: 8/2/18 *Month/Day/Year format* **5.(B) COMPLETION DATE:** 8/9/18 *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 $100

6. TOTAL ABATEMENT PROJECT COST: ***REVISED COST (ONLY FOR REVISIONS):**

7. USE OF FACILITY:

A. SCHOOL (K-12)		B. PUBLIC BUILDING		C. MANUFACTURING		D. OFFICE	
E. COLLEGE		F. COMMERCIAL		G. CHURCH/SYNAGOGUE		H. RESIDENTIAL, # OF DWELLINGS	one
I. OTHER		(I. SPECIFY)					

RECEIVED
JUL 23 2018
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS PROGRAM

Phone: (860) 509-7367/ Fax: (860) 509-7378
Telephone Device for the Deaf: (860) 509-7191
410 Capitol Avenue - MS # 51 AIR

ASBESTOS ABATEMENT NOTIFICATION FORM- PAGE 2

ADDRESS:
TOWN:

8. BUILDING DATA:
SQUARE FEET: 1800 SF NUMBER OF FLOORS: 2 AGE: 1924

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

A. SPRAYED /TROWELED ON:
B. BOILER INSULATION:
C. TANK INSULATION:
D. BREECHING INSULATION:
E. DUCT INSULATION:
F. CEILING TILES:
G. OTHER, SPECIFY:
H. PIPE INSULATION: Use conversion table
(Pipe diameter) Multiply LF by CF

NONFRIABLE MATERIAL

Category I

I. FLOOR COVERINGS/TILES:
J. ROOFING, SPECIFY:
K. GASKETS, PACKINGS:

Category II

L. TRANSITE BOARD:
M. OTHER, SPECIFY:

Total Square Feet
= Total Square Feet

5 inch x 60' x 1.31 78.6 SF

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: [signature]

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

Rev. 08/27/10