

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".

Post Mark 11-1-18, Check No 1060, Check Amt 129.00, Trans 19-278, Rec #

1. TYPE OF NOTIFICATION

Form with checkboxes for A. NEW, B. BLANKET, C. CANCELATION, D. REVISED, E. EMERGENCY, F. POSTPONED, and fields for REVISION # and ITEMS REVISED.

Describe Emergency

2. ABATEMENT CONTRACTOR AIG LICENSE # 000026

C_ADDRESS 16 HAMILTON ST., C_CITY WEST HAVEN, C_STATE CT, C_ZIPCODE O6516, C_CONTACT JOE VOLLANO, C_PHONE 203-932-9639

3. FACILITY OWNER/OPERATOR'S NAME KATHERINE OWENS

O_ADDRESS 39 BROWNSTONE DR., O_CITY TORRINGTON, O_STATE CT, O_ZIPCODE O6790, O_CONTACT KATHERINE OWENS, O_PHONE 203-376-7387

4. ABATEMENT PROJECT ADDRESS

ADDRESS 2 39 BROWNSTONE DR., PCITY TORRINGTON, PSTATE CT, P_ZIPCODE O6790, P_Contact (if different)

5A. ABATEMENT START DATE 11/14/18 5B. ABATEMENT END DATE 11/19/18

Revised Start Revised End

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER TOTAL COST 2850

6A. 1% of TOTAL COST \$28.50 plus \$100 \$129 (Notification Fee Due)

6B. FOR REVISIONS, ADDITIONAL COST ADDITIONAL 1% FEE OWED \$0.00

7. USE OF FACILITY

Form with checkboxes for A. SCHOOL, B. PUBLIC, C. MANUFACTURING, D. OFFICE, E. COLLEGE, F. COMMERCIAL, G. RELIGIOUS, H. RESIDENTIAL, # UNITS 1, I. OTHER, SPECIFY

8. BUILDING DATA

SQ.FT 1,276 AGE 45 NUMBER OF FLOORS 2

9. ABATEMENT CLASSIFICATION [X] RENOVATION [] DEMOLITION [] ORDERED DEMOLITION

(ATTACH ORDER OF DEMOLITION)

10. ABATEMENT TECHNIQUE

Form with checkboxes for A. FULL CONTAINMENT WITH NEG AIR, B. ALTERNATIVE WORK PRACTICE, C. EXTERIOR ABATEMENT, D. SPOT REPAIR (>25 SF)

11. ABATEMENT METHOD

Form with checkboxes for A. REMOVAL, B. ENCAPSULATION, C. ENCLOSURE

12. TYPE OF DECONTAMINATION SYSTEM

Form with checkboxes for A. CONTIGUOUS, B. REMOTE, C. BOTH

HAS CONTRACTOR PROVIDED US EPA with A TEN WORKING DAY NOTIFICATION? [] YES [X] 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 _____ E. Duct Insul _____
 B. Boiler Insulation _____ F. Ceiling Tiles _____
 C. Tank Insulation _____ G. Other (Specify) _____
 D. Breeching Insulation _____ Other Friable, Specify SHEETROCK/JOINT COMPOUND-270 SF _____
 Other Friable _____ 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	OD	QTY LF	x CF	SQ FT	
1"		0.26	0	(other)			0	
2"		0.52	0	(other)			0	
3"		0.79	0	(other)			0	H. Pipe Insulation SF
Total Column			0	Total Column			0	<u>0</u>

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 RTL ENTERPRISES H2Name TRANSWASTE, INC
 H1Address 173 PICKERING ST H2Address 3 BARKER ST.
 H1City PORTLAND H2City WALLINGFORD
 H1State,Zip CT 06480 H2State,Zip CT 16492
 H1Contact _____ H2Contact Cindy Devegla

H3Name _____
 H3Address _____
 H3City _____
 H3State,Zip _____
 H3Contact _____

15. LANDFILL (list up to 3)

L1Name MINERVA ENTERPRISES L2Name ALLIANCE SANITARY
 L1Address 8955 MINERVA RD. L2Address 398 SOUTH KEYSER AVE.
 L1City WAYNESBURG L2City TAYLOR
 L1State,Zip OH 44688 L2State,Zip PA 18517
 L1Contact STEVE CHANDLER L2Contact JOHN HAMBROSE

L3Name _____
 L3Address _____
 L3City _____
 L3State,Zip _____
 L3Contact _____

Form Prepared by (printed) _____

Signature _____