

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

Post Mark
Date

10/10/18

Check #

26285

Amount

\$ 452.95

Transmittal #

19-225

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 P
D. REVISED (ITEMS REVISED) REVISION #
E. EMERGENCY DESCRIBE NATURE OF EMERGENCY

2. ABATEMENT CONTRACTOR:

NAME: Haz-Pros, Inc LICENSE #
ADDRESS: 125-A Brook Street
CITY: West Hartford STATE: CT ZIP: 06110
PHONE # 860-232-2225 CONTACT PERSON: Greg Grinsfelder

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

NAME: McCall Foundation
ADDRESS: 58 High Street
CITY: Torrington STATE: CT ZIP: 06790
PHONE # 860-496-2107 CONTACT PERSON: Dean Sheehan

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

ADDRESS: 58 High Street
CITY: Torrington STATE: CT ZIP: 06790

5.(A) ABATEMENT START DATE: 10/23/18 5.(B) COMPLETION DATE: 11/14/18
Month/Day/Year format Month/Day/Year format

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

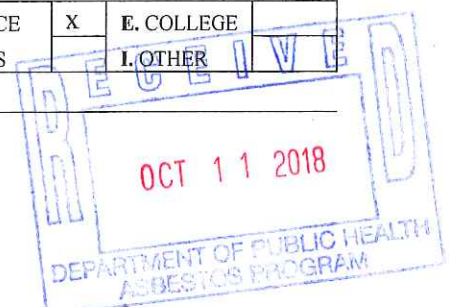
Notification Fee Due: \$100.00 + 1% total asbestos abatement cost 452.95

6. TOTAL ABATEMENT PROJECT COST: \$35,295.00 *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 checked="" 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: 3200 NUMBER OF FLOORS: 2 AGE: 100+

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
Category I
A. SPRAYED/TROWELED ON: 750
B. BOILER INSULATION: _____ I. FLOOR COVERINGS/TILES: _____
C. TANK INSULATION: _____ J. ROOFING, SPECIFY: _____
D. BREECHING INSULATION: _____ K. GASKETS, PACKINGS: _____
E. DUCT INSULATION: _____ L. TRANSITE BOARD: _____
F. CEILING TILES: _____ M. OTHER, SPECIFY: _____
G. 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:	Minerva Enterprises
ADDRESS:	9000 Minerva Road
CITY, STATE, ZIP:	Waynesburg, OH 44688
OWNER, OPERATOR:	

15. HAULER/ WASTE TRANSPORTER

NAME:	Red Technologies
ADDRESS:	10 Northwood Drive
CITY, STATE, ZIP:	Bloomfield, CT 06002

Signature and Title of Person Completing this Form: Randy Newbury-Estimator

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