



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

TOWN: Watertown

STATE USE ONLY

Post Mark Date	8/30/18
Check #	31372
Amount	\$ 279.05
Transmittal #	19-143
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. Notification fee for up to 160 Square Feet (SF) of asbestos-containing material is \$100, payable to "Treasurer, State of Connecticut". Additional fee of 1% of the abatement cost is due for projects greater than 160 SF. If demolition is to follow abatement, a separate demolition form is not required.

1. TYPE OF NOTIFICATION:	
A NEW <input checked="" type="checkbox"/>	B. BLANKET <input type="checkbox"/> C. CANCELLATION / POSTPONED C <input type="checkbox"/> P <input type="checkbox"/>
D REVISED <input type="checkbox"/>	(ITEMS REVISED) REVISION # _____ REV DATE _____
E. EMERGENCY <input type="checkbox"/>	DESCRIBE NATURE OF EMERGENCY _____
2. ABATEMENT CONTRACTOR:	
NAME: Environmental Services, Inc	LICENSE # 000158
ADDRESS: 90 Brookfield Street	
CITY/TOWN: South Windsor	STATE: CT ZIP: 06074
PHONE # (860) 528-9500	CONTACT PERSON: Bruce Devaney
3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:	
NAME: State of CT DOT, Division of Right of Way	
ADDRESS: 2800 Berlin Turnpike, PO Box 317546	
CITY/TOWN: Newington	STATE: CT ZIP: 06131
PHONE # Erik Plimpton	CONTACT PERSON: 860 298 9692
4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)	
FACILITY NAME: Private Residence	
FACILITY ADDRESS: 379 Sylvan Lake Road	
FACILITY CITY/TOWN: Watertown	STATE: CT ZIP: 06779
5.(A) ABATEMENT START DATE: 9/10/18	5.(B) COMPLETION DATE: 10/12/18
REVISED START DATE	REVISED COMPLETION DATE
(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET	
6. TOTAL ABATEMENT PROJECT COST:	\$ 17,905.00
NOTIFICATION FEE DUE: \$100.00 + 1% (X 0.01) TOTAL ABATEMENT COST (#6)=	\$ 279.05
*REVISED COST (ONLY FOR REVISIONS):	ADDITIONAL FEE DUE
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 type="checkbox"/> E. COLLEGE <input type="checkbox"/>
F. COMMERCIAL <input type="checkbox"/>	G. CHURCH/SYNAGOGUE <input type="checkbox"/> H. RESIDENTIAL, # OF DWELLINGS 1 <input checked="" type="checkbox"/> I. OTHER <input type="checkbox"/>
<i>(I. SPECIFY)</i>	

For NESHAP facilities, the US EPA requires a notification for renovation and demolition activities which 60 linear feet, or 35 cubic feet of ACM, and for demolitions below the threshold for notification including when no asbestos is present.

HAS CONTRACTOR FILED AN EPA NOTIFICATION? YES NO



Phone: (860) 509-7367/ Fax: (860) 509-7378
 Telephone Device for the Deaf: (860) 509-7191
 410 Capitol Avenue- MS # 12 AJR
 PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134
Affirmative Action/ An Equal Opportunity Employer



8. BUILDING DATA: SQUARE FEET: **903** NUMBER OF FLOORS: **1.00** AGE: **built 1950**

9. ABATEMENT CLASSIFICATION:
 A. RENOVATION B. DEMOLITION C. ORDERED DEMO (AGENCY ISSUING ORDER)
 MUST ATTACH COPY OF DEMO ORDER for ORDERED DEMOLITIONS

10. ABATEMENT TECHNIQUE:
 A. FULL CONTAINMENT WITH NEG. AIR B. ALT. WORK PRACTICE (PRE-APPROVAL REQUIRED)
 (IF AWP, include) PROJECT DESIGNER NAME **Erik Plimpton** LICENSE # **000152**
 C. EXTERIOR ABATEMENT Siding & Windows 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	
A. SPRAYED /TROWELED		Category I	
B. BOILER INSULATION:		I. FLOOR COVERINGS/TILES:	470
C. TANK INSULATION:		J. ROOFING, SPECIFY:	110
D. BREECHING INSULATION:		K. GASKETS, PACKINGS:	
E. DUCT INSULATION:		Category II	
F. CEILING TILES:		L. TRANSITE BOARD:	1,300
G. OTHER, SPECIFY:		M. OTHER, SPECIFY:	
OTHER FRIABLE		OTHER NF	Glazing Putty & Frame Caulk-3 each

H. *PIPE INSULATION:	Use conversion table	CUMULATIVE SQ FT
(Outside Pipe diameter)"	Multiply LF by Conversion Factor	= Total Square Feet
*		
*		
*		
*		

Enter Up to 3 Sites and 3 Waste Hauler/Transporters

14. WASTE DISPOSAL SITE/S

NAME:	Alliance Landfill	Alliance Landfill
ADDRESS:	398 South Keyser Ave	398 South Keyser Ave
CITY, STATE, ZIP:	Taylor PA 18517	Taylor PA 18517
OWNER, OPERATOR:	Waste Management	Waste Management

15. HAULER/ WASTE TRANSPORTER

NAME:	Environmental Services, Inc	Environmental Services, Inc
ADDRESS:	90 Brookfield Street	90 Brookfield Street
CITY, STATE, ZIP:	South Windsor, CT 06074	South Windsor, CT 06074

Mail Form and Fee to:
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS PROGRAM
410 CAPITOL AVENUE, MS # 12 AIR
PO BOX 340308
HARTFORD CT 06134-0308

Name of Person Filling in Form Jonathan Fitzsimonds Title H&S Manager
 Signature: 