



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

STATE USE ONLY

Post Mark Date	9/8/18
Check #	5139
Amount	\$ 203.00
Transmittal #	19-158
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.

*AWP Steve Dahlem
Supreme Ind*

1. TYPE OF NOTIFICATION:

A. NEW B. BLANKET C. CANCELLATION / POSTPONED C P REVISION # _____

D. REVISED (ITEMS REVISED) _____

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: Frank Gabriel

ADDRESS: 140 Hackleberry Hill Rd.

CITY: Winsted Avon STATE: CT ZIP: _____

PHONE # 860 309 8019 CONTACT PERSON: Frank Gabriel

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

ADDRESS: Unsafe structure 107 Forest Ave

CITY: Winsted (Winchester) STATE: CT ZIP: _____

5.(A) ABATEMENT START DATE: 9/10/18 5.(B) COMPLETION DATE: 10/4/18
Month/Day/Year format Month/Day/Year format

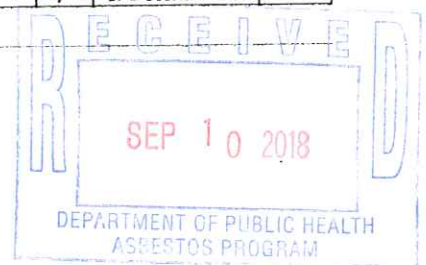
(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

Notification Fee Due: \$100.00 + 1% total asbestos abatement cost 203

6. TOTAL ABATEMENT PROJECT COST: 103000 *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 type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS	<u>1</u>	I. OTHER	<input type="checkbox"/>		
(I. SPECIFY)									



ADDRESS: _____
TOWN: _____

8. BUILDING DATA:

SQUARE FEET: 6765F NUMBER OF FLOORS: 1 AGE: 118 yrs.

9. ABATEMENT CLASSIFICATION:

RENOVATION _____ DEMOLITION

ORDERED DEMO (AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

10. ABATEMENT TECHNIQUE:

FULL CONTAINMENT WITH NEGATIVE AIR (IF AWP, include) Project Designer & LICENSE # M 000199
 ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED) 860 620 1133
C. EXTERIOR ABATEMENT D. SPOT REPAIR (>25 SQ. FT. TOTAL) Earl Clark

11. ABATEMENT METHOD:

REMOVAL ENCAPSULATION _____ C. ENCLOSURE _____

12. TYPE OF DECONTAMINATION SYSTEM:

A. CONTIGUOUS _____ REMOTE BOTH _____

13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)

NONFRIABLE MATERIAL
Category I

A. SPRAYED/TROWELED ON: _____
B. BOILER INSULATION: _____
C. TANK INSULATION: UNKNOWN
D. BREECING INSULATION: _____
E. DUCT INSULATION: _____
F. CEILING TILES: _____
G. OTHER, SPECIFY: _____
H.* PIPE INSULATION: Use conversion table
(Pipe diameter) " _____ Multiply LF by CF _____
I. FLOOR COVERINGS/TILES: _____
J. ROOFING, SPECIFY: UNKNOWN
K. GASKETS, PACKINGS: _____
L. TRANSITE BOARD: _____
M. OTHER, SPECIFY: _____
Total Square Feet _____
= Total Square Feet _____

Category II

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:

Barney Covatta

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