

RECEIVED
 OCT 12 2018
 DEPARTMENT OF PUBLIC HEALTH
 ASBESTOS PROGRAM

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 10/11/18
 Check No 5191
 Check Amt 486.00
 Trans # 19-227
 Rec #

TYPE OF NOTIFICATION
 A. NEW B. BLANKET C. CANCELATION D. REVISED E. EMERGENCY F. POSTPONED
 Describe Emergency _____
 ABATEMENT CONTRACTOR _____

CT. D.P.H. A.W.P.

ABATEMENT CONTRACTOR: Asbestos Management Co., LLC LICENSE # 000376
 C. ADDRESS: P.O. Box 456
 C. CITY: Torrington C. CONTACT: Donie Cimmino
 C. STATE: CT C. ZIP CODE: 06790 C. PHONE: 860-482-6677

FACILITY OWNER/OPERATOR'S NAME: Michelle Paule
 O. ADDRESS: 147 Torrington St.
 O. CITY: Winsted O. CONTACT: Chris Tolley
 O. STATE: CT O. ZIP CODE: _____ O. PHONE: 860-798-3976

ABATEMENT PROJECT ADDRESS: 147 Torrington St.
 ADDRESS 2: Winsted
 PCITY: Winsted
 PSTATE: CT P. ZIP CODE: _____ P. Contact (if different): _____
 A. ABATEMENT START DATE: 10-24-18 SB. ABATEMENT END DATE: 11-16-18

ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER
 Revised Start _____ Revised End _____ Total Cost 0 \$438600
 6A. 1% of TOTAL COST \$0.00 plus \$100 \$100 (Notification Fee Due)
 6B. FOR REVISIONS, ADDITIONAL COST 486.00 ADDITIONAL 1% FEE OWED \$0.00

USE OF FACILITY
 A. SCHOOL D. OFFICE G. RELIGIOUS
 B. PUBLIC E. COLLEGE H. RESIDENTIAL # UNITS 1
 C. MANUFACTURING F. COMMERCIAL I. OTHER, SPECIFY _____

BUILDING DATA
 2585 SQ FT 1937 AGE 2 NUMBER OF FLOORS _____
 ABATEMENT CLASSIFICATION: RENOVATION DEMOLITION ORDERED DEMOLITION
 (ATTACH ORDER OF DEMOLITION)

ABATEMENT TECHNIQUE
 A. FULL CONTAINMENT WITH NEG AIR B. ALTERNATIVE WORK PRACTICE Mystic Air
 C. EXTERIOR ABATEMENT D. SPOT REPAIR (>25 SF) CT D.P.H. Steve Dehlem

ABATEMENT METHOD 12. TYPE OF DECONTAMINATION SYSTEM
 A. REMOVAL A. CONTIGUOUS
 B. ENCAPSULATION B. REMOTE
 C. ENCLOSURE C. BOTH



Has Contractor provided a ten day or emergency notification? YES
 Phone (860) 509-7367 / Fax (860) 509-7378



410 Capitol Avenue - MS #12AIR PO
 Box 340308
 Hartford CT 06134-0308

ADDRESS _____ CITY/TOWN _____

3. 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 _____
 Other Friable _____ Other Friable, Specify _____
 SPECIFY: Entire house 2585 SF - All A.C.M.

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)

OD	QTY LF	x CF	SQ FT	OD	QTY LF	x CF	SQ FT
1"		0.26	0	(other)			0

3" 0.79 0
Total Column 0

(other) 0 H. Pipe Insulation SF
Total Column 0 0

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 Transwaste H2Name _____
H1Address 3 Barker Drive H2Address _____
H1City Wallingford H2City _____
H1State,Zip CT 06492 H2State,Zip _____
H1Contact _____ H2Contact _____

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

5. LANDFILL (list up to 3)

L1Name BFI Imperial Landfill L2Name _____
L1Address 11 Boggs Road L2Address _____
L1City Imperial L2City _____
L1State,Zip PA 15126 L2State,Zip _____
L1Contact _____ L2Contact _____

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

Form Prepared by (printed) _____

Signature Danny Commin