



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT NOTIFICATION FORM

OCT 23 2018

TOWN: _____

STATE USE ONLY

Post Mark Date	10-22-18
Check #	3282
Amount	\$ 135.00
Transmittal #	19-256
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 _____ P _____
D REVISED <input type="checkbox"/>	(ITEMS REVISED) _____ REVISION # _____ REV DATE _____
E. EMERGENCY <input type="checkbox"/>	DESCRIBE NATURE OF EMERGENCY _____
2. ABATEMENT CONTRACTOR:	
NAME: Abatement Services, LLC	LICENSE # 000604
ADDRESS: 65 LaSalle Rd., Suite 217	
CITY/TOWN: West Hartford	STATE: CT ZIP: 06119
PHONE # (860) 655-7071	CONTACT PERSON: Bob Bertolette
3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:	
NAME: Mark Douglas	
ADDRESS: 338 Main St.	
CITY/TOWN: Winsted	STATE: CT ZIP: 06098
PHONE # _____	CONTACT PERSON: _____
4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)	
FACILITY NAME: _____	
FACILITY ADDRESS: 17 Birdsall St.	
FACILITY CITY/TOWN: Winsted	STATE: CT ZIP: 06098
5.(A) ABATEMENT START DATE:	5.(B) COMPLETION DATE:
REVISED START DATE 10/31/2018	REVISED COMPLETION DATE 11/4/2018
(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET	
6. TOTAL ABATEMENT PROJECT COST:	\$ 3,500.00
NOTIFICATION FEE DUE: \$100.00 + 1% (X 0.01) TOTAL ABATEMENT COST (#6)=	\$ 135.00
*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 2 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 AIR
 PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134
Affirmative Action/ An Equal Opportunity Employer



8. BUILDING DATA: SQUARE FEET: **2,500** NUMBER OF FLOORS: **2.00** AGE: **1904**

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 _____ 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	
A. SPRAYED /TROWELED		Category I	
B. BOILER INSULATION:		I. FLOOR COVERINGS/TILES:	
C. TANK INSULATION:		J. ROOFING, SPECIFY:	
D. BREECHING INSULATION:		K. GASKETS, PACKINGS:	
E. DUCT INSULATION:	300 sq. ft.	Category II	
F. CEILING TILES:		L. TRANSITE BOARD:	
G. OTHER, SPECIFY:		M. OTHER, SPECIFY:	
OTHER FRIABLE		OTHER NF	Backsplash glue, 32 sq. ft.
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:	MINERVA ENTERPRISES		
ADDRESS:	9000 Minerva Rd.		
CITY, STATE, ZIP:	Waynesboro, OH 44688		
OWNER, OPERATOR:			

15. HAULER/ WASTE TRANSPORTER

NAME:	RED TECHNOLOGIES	RED TECHNOLOGIES	
ADDRESS:	10B Northwood Rd.	10B Northwood Rd.	
CITY, STATE, ZIP:	Bloomfield, CT 06002	Bloomfield, CT 06002	

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: Robert Bertolette Title: Member/Owner
 Signature: 