

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

STATE USE ONLY

Post Mark	
Date	9/5/18
Check #	5132
Amount	\$ 207.00
Transmittal #	19-153
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      D.  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: Community Health & Wellness Center  
 ADDRESS: 469 Migeon Ave.  
 CITY: Torrington STATE: CT ZIP: 06790  
 PHONE # 860 489 0931 CONTACT PERSON: Ron Visini

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

ADDRESS: Former Super Saver - 372 Main St.  
 CITY: Winsted STATE: CT ZIP: \_\_\_\_\_

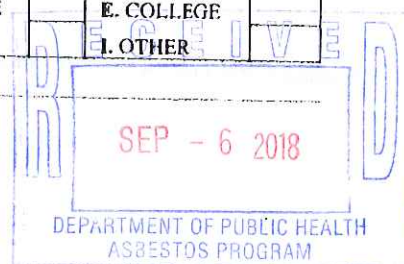
5.(A) ABATEMENT START DATE: 10, 3, 18 5.(B) COMPLETION DATE: 11, 3, 18  
Month/Day/Year format      Month/Day/Year format

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

Notification Fee Due: \$100.00 + 1% total asbestos abatement cost 207.00  
 6. TOTAL ABATEMENT PROJECT COST: \$ 10700 \*REVISED COST (ONLY FOR REVISIONS): \_\_\_\_\_

### 7. USE OF FACILITY:

<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> F. COMMERCIAL	<input type="checkbox"/> G. CHURCH/SYNAGOGUE	<input type="checkbox"/> H. RESIDENTIAL, # OF DWELLINGS	<input type="checkbox"/> I. OTHER	
<small>(I. SPECIFY)</small>				



ADDRESS: \_\_\_\_\_  
TOWN: \_\_\_\_\_

8. BUILDING DATA:

SQUARE FEET: 10800 NUMBER OF FLOORS: 1

AGE: 1920

9. ABATEMENT CLASSIFICATION:

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

RENOVATION  DEMOLITION \_\_\_\_\_

10. ABATEMENT TECHNIQUE:

FULL CONTAINMENT WITH NEGATIVE AIR   
(IF AWP, include) Project Designer & LICENSE # \_\_\_\_\_

B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED)

C. EXTERIOR ABATEMENT

D. SPOT REPAIR (>25 SQ. FT. TOTAL)

11. ABATEMENT METHOD:

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)

NONFRIABLE MATERIAL  
Category I

A. SPRAYED/TROWELED ON:

B. BOILER INSULATION: 300 SF

I. FLOOR COVERINGS/TILES:

C. TANK INSULATION:

J. ROOFING, SPECIFY:

D. BREECHING INSULATION:

K. GASKETS, PACKINGS:

E. DUCT INSULATION:

Category II

F. CEILING TILES:

L. TRANSITE BOARD:

G. OTHER, SPECIFY:

M. OTHER, SPECIFY:

H. PIPE INSULATION: \_\_\_\_\_

Use conversion table

Total Square Feet

(Pipe diameter)

Multiply LF by CF

= Total Square Feet

6" 1.57 40LF

62.8

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:

*Barbara Curran*

Mail to:

DPH

ASBESTOS PROGRAM

410 CAPITOL AVENUE, MS # 51 AIR

PO BOX 340308

HARTFORD CT 06134-0308