



RECEIVED
OCT 23 2018
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS PROGRAM

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only
Post Mark Date: 10-23-18
Check #: 3108
Amount: 138.00
Transmittal #: 19-050
Record #:

This form is to be completed, postmarked and filed with the Connecticut Department of Public Health ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-322a-3. In case of emergency notifications, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. The U.S. EPA may require notification of abatement or demolition, as per 40 CFR, Part 61, the asbestos NESHAP regulation. Faxed originals are not acceptable. Revisions may be faxed unless a fee is required.

INSTRUCTIONS FOR FILLING IN FORM USING 'WORD':
This is a form that will only accept information in the "form fields". Do not use the ENTER button or a mouse. Use TAB to advance to the next field.

Mail completed notification to the address listed below

1. TYPE OF NOTIFICATION

- A. NEW B. BLANKET C. CANCELLATION / POSTPONED (C) (P)
- D. REVISED (ITEMS REVISED)
- E. EMERGENCY DESCRIBE NATURE OF EMERGENCY _____ REVISION # _____

2. ABATEMENT CONTRACTOR:

NAME: Asbestos Removal & Const Services LICENSE # 000003
ADDRESS: 168 Stone Rd
CITY: Burlington STATE: CT ZIP 06013
PHONE #: 860 675 6968 CONTACT PERSON: John Hebert

3. FACILITY OWNER/OPERATOR:

NAME: Laura + Rob Deveny
ADDRESS: 87 Birdsall Drive
CITY: Winsted STATE: CT ZIP 060
PHONE #: (860) 75-6968 CONTACT PERSON: J. Hebert

4. NAME OF FACILITY: (MUST BE FILLED IN)

NAME: Deveny Residence
ADDRESS: 87 Birdsall Drive
CITY: Winsted STATE: CT ZIP: 060

5.(A) START DATE: 10-28-2018 5.(B) COMPLETION DATE: 10-31-2018

FOR PROJECTS INVOLVING 160 SQ. FT OR MORE OF ASBESTOS

6.(A) TOTAL COST OF ABATEMENT: 3900 6.(B) IF APPLICABLE REVISED COST

7. USE OF FACILITY:

A. SCHOOL(K-12) _____ B. PUBLIC BUILDING _____ C. MANUFACTURING _____ D. OFFICE _____ E. COLLEGE _____
 F. COMMERCIAL _____ G. CHURCH/SYNAGOGUE _____ H. RESIDENTIAL, # OF DWELLINGS 1 I. OTHER _____ (SPECIFY) _____

8. BUILDING DATA: 2000 2 ~100
 SQUARE FEET # OF FLOORS AGE:

9. ABATEMENT CLASSIFICATION:

A. RENOVATION B. DEMOLITION _____ C. ORDERED DEMO (AGENCY ISSUING ORDER): _____
NOTE: Attach Demolition Order

10. ABATEMENT TECHNIQUE:

A. FULL CONTAINMENT WITH NEGATIVE AIR B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED) _____
 Project Designer / 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 _____

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

| FRIABLE MATERIAL | | NONFRIABLE MATERIAL | |
|--------------------------------------|-------|----------------------------|-------|
| A. SPRAYED/TROWELED ON | _____ | Category I | |
| B. BOILER INSULATION: | _____ | 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 (FILL OUT BELOW) | _____ | | |

| (Pipe diameter) | (Linear Feet) | (Conversion Factor) | = | Total Sq. Ft. | (*see Notif Conversion table) |
|---------------------------------|---------------|---------------------|---|---------------|-------------------------------|
| 3" | 138 | .79 | = | 110. | |
| | | | = | | |
| | | | = | | |
| Total Square Feet (PIPE) | | | | 110. | |

4. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY):

NAME: BFI Imperial Landfill
 ADDRESS: 11 Boggs Rd
 CITY, STATE, ZIP: Imperial, PA 15126
 OWNER, OPERATOR: _____

15. HAULER/WASTE TRANSPORTER:

NAME: Transwaste Inc.
 ADDRESS: 3 Barker Dr
 CITY, STATE, ZIP: Hillingford, CT 06492
 Name of Individual Completing this Form: John Hebert