



STATE OF CONNECTICUT

STATE USE ONLY

DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

Post Mark Date	9/18/18
Check #	5154
Amount	\$ 100.00
Transmittal #	19-172
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 P. _____
 D. REVISED (ITEMS REVISED) REVISION # _____
 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: Brett Stone - NW Investments LLC
 ADDRESS: 8 South Rd.
 CITY: Harwinton STATE: CT ZIP: 06791
 PHONE # 860 777 5694 CONTACT PERSON: Brett Stone

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

ADDRESS: Vacant 714 W. Wakefield Blvd.
 CITY: Winsted STATE: CT ZIP: _____

5.(A) ABATEMENT START DATE: 9/28/18 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 100.00

6. TOTAL ABATEMENT PROJECT COST: _____ *REVISED COST (ONLY FOR REVISIONS): _____

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 <u>3</u>		I. OTHER
<small>(I. SPECIFY)</small>				



ADDRESS: _____
TOWN: _____
AGE: 1960

8. BUILDING DATA:
SQUARE FEET: 8105F NUMBER OF FLOORS: 2

9. ABATEMENT CLASSIFICATION:
RENOVATION _____ DEMOLITION
ORDERED DEMO (AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

10. ABATEMENT TECHNIQUE:
A. 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:
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 _____
Category I _____

- A. SPRAYED/TROWELED ON: _____
- B. BOILER INSULATION: _____
- C. TANK INSULATION: _____
- D. BREECHING INSULATION: _____
- E. DUCT INSULATION: _____
- F. CEILING TILES: _____
- G. OTHER, SPECIFY: _____
- H.* PIPE INSULATION: _____
(Pipe diameter) " _____"
- I. FLOOR COVERINGS/TILES: _____
- J. ROOFING, SPECIFY: Flashing 205F
- K. GASKETS, PACKINGS: _____
- L. TRANSITE BOARD: _____
- M. OTHER, SPECIFY: 50' asb. glazing 205F Asb. Caulking

Use conversion table
Multiply L.F. by C.F.

Total Square Feet _____
= Total Square Feet _____

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