



STATE OF CONNECTICUT

STATE USE ONLY

DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

Post Mark Date	
Check #	
Amount	\$
Transmittal #	
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	<input type="checkbox"/>	B. BLANKET	<input type="checkbox"/>	C. CANCELLATION / POSTPONED	C <input type="checkbox"/>	P <input type="checkbox"/>
D. REVISED	<input type="checkbox"/>	(ITEMS REVISED)	<input type="checkbox"/>	REVISION #	<input type="text"/>	
E. EMERGENCY	<input type="checkbox"/>	DESCRIBE NATURE OF EMERGENCY <input type="text"/>				

2. ABATEMENT CONTRACTOR:

NAME:	<input type="text"/>	LICENSE #	<input type="text"/>
ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text"/>
PHONE #	<input type="text"/>	CONTACT PERSON:	<input type="text"/>

3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:

NAME:	<input type="text"/>		
ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text"/>
PHONE #	<input type="text"/>	CONTACT PERSON:	<input type="text"/>

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

ADDRESS:	<input type="text"/>		
CITY:	<input type="text"/>	STATE:	<input type="text"/>
ZIP:	<input type="text"/>		

5.(A) ABATEMENT START DATE: / / 5.(B) COMPLETION DATE: / /
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

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

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	<input type="text"/>	I. OTHER	<input type="text"/>		
(I. SPECIFY) <input type="text"/>									



Phone: (860) 509-7367/ Fax: (860) 509-7378
 Telephone Device for the Deaf: (860) 509-7191
 410 Capitol Avenue- MS # 51 AIR
 PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134
Affirmative Action/ An Equal Opportunity Employer

ADDRESS: _____
TOWN: _____

8. BUILDING DATA:

SQUARE FEET: _____ NUMBER OF FLOORS: _____ AGE: _____

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 _____ B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED) _____
 (IF AWP, include) 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 _____ C. BOTH _____

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:	<u>Use conversion table</u>	Total Square Feet	_____
(Pipe diameter)"	Multiply LF by CF	= Total Square Feet	_____

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

NAME:	_____
ADDRESS:	_____
CITY, STATE, ZIP:	_____
OWNER, OPERATOR:	_____

15. HAULER/ WASTE TRANSPORTER

NAME:	_____
ADDRESS:	_____
CITY, STATE, ZIP:	_____

Signature and Title of Person Completing this Form: _____

Mail to:
DPH
ASBESTOS PROGRAM
410 CAPITOL AVENUE, MS # 51 AIR
PO BOX 340308
HARTFORD CT 06134-0308