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. REVISED (ITEMS REVISED)
   - E. EMERGENCY

2. **ABATEMENT CONTRACTOR:**
   - NAME: 
   - LICENSE #: 
   - ADDRESS:  
   - CITY:  
   - STATE:  
   - ZIP:  
   - PHONE #:  
   - CONTACT PERSON: 

3. **FACILITY (OWNER'S NAME) OWNER/OPTIONER:**
   - NAME: 
   - ADDRESS:  
   - CITY:  
   - STATE:  
   - ZIP:  
   - PHONE #:  
   - CONTACT PERSON: 

4. **NAME OF FACILITY:** (FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)
   - ADDRESS: 
   - CITY:  
   - STATE:  
   - ZIP:  

5. (A) **ABATEMENT START DATE:** __/__/____
   - **COMPLETION DATE:** __/__/____

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
   - I. OTHER
   - (I. SPECIFY)
8. BUILDING DATA:
SQUARE FEET: ______________________ NUMBER OF FLOORS: ______________________ AGE: ______________________

9. ABATEMENT CLASSIFICATION:
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)
(CIF 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)

<table>
<thead>
<tr>
<th>FRIABLE MATERIAL</th>
<th>NONFRIABLE MATERIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category I</td>
<td></td>
</tr>
<tr>
<td>Category II</td>
<td></td>
</tr>
</tbody>
</table>

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:
Use conversion table Total Square Feet
Multiply LF by CF

(Pipe diameter) "

I. FLOOR COVERINGS/TILES:
J. ROOFING, SPECIFY:
K. GASKETS, PACKINGS:
L. TRANSITE BOARD:
M. OTHER, SPECIFY:

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

Rev. 08/27/10