



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Town

ASBESTOS ABATEMENT NOTIFICATION FORM

See Instructions on our program website.
Checks made payable to "Treasurer, State of Connecticut"

State Use Only

Post Mark 11/14/19
Check No 2147
Check Amt \$ 166.00
Trms 30-300
Rec #

1. TYPE OF NOTIFICATION

- A. New [checked] B. Blanket [ ] C. Cancellation [ ] D. Revised [ ] E. Emergency [ ] F. Postponed [ ]
Revision # ITEMS REVISED

Explain Emergency

2. ABATEMENT CONTRACTOR

Contractor\_Name Abatement Solutions, LLC License # 53.000 809
Contractor\_Address 14 Woodridge Drive
Contractor\_City Cheshire C\_Contact Priti Trivedi
Contractor\_State CT C\_Zipcode 06410 C\_Phone 203-675-7142

3. FACILITY OWNER

Owner\_Name Mrs. Lisa Tilman
Owner\_Address 843 North Street
Owner\_City Goshen O\_Contact Ms. Lisa
Owner\_State CT O\_Zipcode 06756 O\_Phone 860 307 5050

4. PROJECT

Name of Facility Residence
Project\_Address 843 North Street
Project\_City Goshen P\_Contact Ms. Lisa
Project State CT Project\_Zipcode 06756 Project\_Phone 860 307 5050

5A. ABATEMENT START DATE 11/23/19 5B. ABATEMENT END DATE 11/29/19

REVISED START

REVISED END

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST 6,600

6A. 1% of TOTAL COST \$66.00 plus \$100 6B.=(Notification Fee Due) \$166.00

FOR REVISIONS, ADDITIONAL COST Additional 1% Fee Owed Paid to Date

7. FACILITY USE

- A. School (K-12) [ ] B. Public [ ] C. Manufacturing [ ] D. Office [ ] E. College [ ] F. Commercial [ ] G. Religious [ ] H. Residential [checked] I. Other, Specify [ ]
# of Units

8. BUILDING DATA

Sq. Ft. 1288SF Age 1970 Years Number Floors 1

9. CLASSIFICATION

Renovation [checked] Demolition [ ] Ordered Demo [ ] (ATTACH ORDER)

10. TECHNIQUE

- A. Full Containment with Neg Pressure [checked] C. Exterior [ ]
B. Alternative Work Practice (pre-approved) [ ] D. Spot Repair [ ]
If AWP, Name of Project Designer Lic #

11. METHOD

A. Removal [checked] B. Encapsulation [ ] C. Enclosure [ ]

12. TYPE of DECONTAMINATION

A. Contiguous [ ] B. Remote [ ] C. Both [checked]

HAS CONTRACTOR PROVIDED US EPA with A TEN WORKING DAY or EMERGENCY NOTIFICATION? YES [ ] NO [checked]

6102 9 1 NOV

**13. TYPE AND AMOUNT OF ASBESTOS CONTAINING MATERIAL TO BE ABATED**

**FRIABLE MATERIAL (report in square footage)**

- |                         |                          |
|-------------------------|--------------------------|
| A. Sprayed/Troweled on  | E. Duct Insul            |
| B. Boiler Insulation    | F. Ceiling Tiles         |
| C. Tank Insulation      | G. Other (Specify) Other |
| D. Breeching Insulation | Friable, Specify Other   |
| Other Friable SqFt.     | Friable, Specify         |
| (SPECIFY)               |                          |

**PIPE INSULATION:** Measure outside diameter (OD) of pipe, multiply the length of pipe (linear feet) times the CF to report total pipe insulation in square feet (add all SF quantities below) Conversion Factor

OD QTY LF x CF = SQ FT                      OD QTY LF x CF = SQ FT

NONFRIABLE CATEGORY 1		Total Columns	NONFRIABLE CATEGORY 2		H. Pipe Insulation SF
SQ FT	SPECIFY TYPE	SQ FT	SQ FT	SPECIFY TYPE	
I. Floor Coverings/Tiles	112+300sf	L. Transite board			
J. Roofing, Specify		M. Other NF, Specify			
K. Packings, Gaskets		N. Other NF, Specify			
Other NF		Other NF, Specify			

List other NF (M) 112 sf linoleum and 300 sf construction adhesive with associated sheetrock.

**14. HAULER \*list up to 3 haulers**

Hauler 1 Name	<u>Transwaste, Inc</u>	Hauler 2 Name	<u>Red Technologies, LLC</u>
Hauler 1 Address	<u>3 Barker Drive</u>	Hauler 2 Address	<u>173 Pickering Street</u>
Hauler 1 City	<u>Wallingford</u>	Hauler 2 City	<u>Portland</u>
Hauler 1 State, Zip	<u>CT-06492</u>	Hauler 2 State, Zip	<u>CT-06480</u>
Hauler 1 Contact	<u>203-269-8300</u>	Hauler 2 Contact	<u>860 342 1022</u>
Hauler 3 Name			
Hauler 3 Address			
Hauler 3 City			
Hauler 3 State, Zip			
Hauler 3 Contact			

**15. WASTE DISPOSAL SITE \*list up to 3 sites**

Landfill 1 Name	<u>Modern Landfill</u>	Landfill 2 Name	
Landfill 1 Address	<u>4400 Mount Pisgah Road</u>	Landfill 2 Address	
Landfill 1 City	<u>York</u>	Landfill 2 City	
Landfill 1 State, Zip	<u>PA 17402</u>	Landfill 2 State, Zip	
Landfill 1 Contact	<u>717 246 4615</u>	Landfill 2 Contact	
Landfill 3 Name			
Landfill 3 Address			
Landfill 3 City			
Landfill 3 State, Zip			
Landfill 3 Contact			

Form Prepared by (printed)

Priti Trivedi

Signature

*Priti Trivedi*