



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

TOWN: Harwinton

### STATE USE ONLY

Post Mark Date	12/20/19
Check #	11031
Amount	\$ 134.00
Transmittal #	20-364
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. Notification fee for up to 160 Square Feet (SF) of asbestos-containing material is \$100, payable to "Treasurer, State of Connecticut". Additional fee of 1% of the abatement cost is due for projects greater than 160 SF. If demolition is to follow abatement, a separate demolition form is not required.

<b>1. TYPE OF NOTIFICATION:</b>	
A NEW <input checked="" 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) _____ REVISION # _____ REV DATE _____
E. EMERGENCY <input type="checkbox"/>	DESCRIBE NATURE OF EMERGENCY _____
<b>2. ABATEMENT CONTRACTOR:</b>	
NAME:	Environmental Group Inc. LICENSE # 000058
ADDRESS:	18 Roberts St.
CITY/TOWN:	Middletown STATE: Connecticut ZIP: 06457
PHONE #	860-259-5257 CONTACT PERSON: Christopher Maahs
<b>3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:</b>	
NAME:	Foster Devon Jr.
ADDRESS:	163 Robinwood Rd.
CITY/TOWN:	Waterbury STATE: Connecticut ZIP: 06708
PHONE #	475-279-4638 CONTACT PERSON: Dave Natzel
<b>4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)</b>	
FACILITY NAME:	Rental Property
FACILITY ADDRESS:	13 Old Route 72
FACILITY CITY/TOWN:	Harwinton STATE: Connecticut ZIP: 06791
5.(A) ABATEMENT START DATE:	1/22/2020 5.(B) COMPLETION DATE: 1/24/2020
REVISED START DATE	REVISED COMPLETION DATE

(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

6. TOTAL ABATEMENT PROJECT COST:	\$3,400.00
NOTIFICATION FEE DUE:	\$100.00 + 1% (X 0.01) TOTAL ABATEMENT COST (#6)= \$134.00
*REVISED COST (ONLY FOR REVISIONS):	ADDITIONAL FEE DUE
<b>7. USE OF FACILITY:</b>	
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 X-1 I. OTHER <input type="checkbox"/>
(I. SPECIFY)	Healthcare Facility

For NESHAP facilities, the US EPA requires a notification for renovation and demolition activities which 60 linear feet, or 35 cubic feet of ACM, and for demolitions below the threshold for notification including when no asbestos is present.

HAS CONTRACTOR FILED AN EPA NOTIFICATION? YES  NO

DEC 23 2019



Phone: (860) 509-7367/ Fax: (860) 509-7378  
 Telephone Device for the Deaf: (860) 509-7191  
 410 Capitol Avenue- MS # 12 AIR  
 PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134  
 Affirmative Action/ An Equal Opportunity Employer



**8. BUILDING DATA:** SQUARE FEET: 1,064 NUMBER OF FLOORS: 1 AGE: 41 years

**9. ABATEMENT CLASSIFICATION:**  
 A. RENOVATION  B. DEMOLITION  C. ORDERED DEMO (AGENCY ISSUING ORDER)   
 MUST ATTACH COPY OF DEMO ORDER for ORDERED DEMOLITIONS

**10. ABATEMENT TECHNIQUE:**  
 A. FULL CONTAINMENT WITH NEG. AIR  B. ALT. WORK PRACTICE (PRE-APPROVAL REQUIRED)   
 (IF AWP, include) PROJECT DESIGNER NAME \_\_\_\_\_ 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		Category I
B. BOILER INSULATION:		I. FLOOR COVERINGS/TILES: 204 Square feet
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:
OTHER FRIABLE		OTHER NF

**H. \*PIPE INSULATION:** Use conversion table CUMULATIVE SQ FT

(Outside Pipe diameter)"	Multiply LF by Conversion Factor	= Total Square Feet
*		
*		
*		
*		

Enter Up to 3 Sites and 3 Waste Hauler/Transporters

**14. WASTE DISPOSAL SITE/S**

NAME: Minerva Enterprises		
ADDRESS: 9000 Minerva Rd.		
CITY, STATE, ZIP: Waynesburg, OH 44688		
OWNER, OPERATOR:		

**15. HAULER/ WASTE TRANSPORTER**

NAME: R.E.D. Technologies		
ADDRESS: 203 Pickering St.		
CITY, STATE, ZIP: Portland, CT 06480		

Mail Form and Fee to:  
 DEPARTMENT OF PUBLIC HEALTH  
 ASBESTOS PROGRAM  
 410 CAPITOL AVENUE, MS # 12 AIR  
 PO BOX 340308  
 HARTFORD CT 06134-0308

Name of Person Filling in Form  
 Signature:

Christopher Maahs Title President  
