



CITY/TOWN:

Kent

STATE OF CONNECTICUT

STATE USE ONLY

DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT NOTIFICATION FORM

Post Mark Date 12/10/19
Check # 31069
Amount \$ 100.00
Transmittal # 20-347
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...

1. TYPE OF NOTIFICATION
A. NEW [X] B. BLANKET [] C. CANCELLATION / POSTPONED [] P []
D. REVISED [] (ITEMS REVISED) REVISION # REV DATE
E. EMERGENCY [] DESCRIBE NATURE OF EMERGENCY
2. ABATEMENT CONTRACTOR:
NAME: HOMEGUARD ENVIRONMENTAL SERVICES, INC LICENSE # 000022
ADDRESS: 48 Union Street, Suite 5
CITY/TOWN: Stamford STATE: CT ZIP: 06906-1341
PHONE #: (203) 323-8000 CONTACT PERSON: Gary H. Stone
3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:
NAME: The Kent Memorial Library
ADDRESS: 32 North Main Street
CITY/TOWN: Kent STATE: CT ZIP: 06757
PHONE #: (860) 605-5861 CONTACT PERSON: Ms. Sarah Marshall
4. NAME OF FACILITY: (FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)
FACILITY NAME: The Kent Memorial Library
FACILITY ADDRESS: 32 North Main Street
FACILITY CITY/TOWN: Kent STATE: CT ZIP: 06757
5. (A) ABATEMENT START DATE: 1/20/2020 5.(B) COMPLETION DATE: 1/28/2020
REVISSED START DATE: REVISSED COMPLETION DATE:
6. TOTAL ABATEMENT PROJECT COST: \$ 8,850.00
NOTIFICATION FEE DUE: \$100.00 + 1% (x0.01) TOTAL ABATEMENT COST (#6) = \$ 188.50
*REVISSED COST (ONLY FOR REVISIONS): ADDITIONAL FEE DUE:
7. USE OF FACILITY:
A. SCHOOL (K-12) [] B. PUBLIC BUILDING [X] C. MANUFACTURING [] D. OFFICE [] E. COLLEGE []
F. COMMERCIAL [] G. CHURCH/SYNAGOGUE [] H. RESIDENTIAL, # OF DWELLINGS [] 1 I. OTHER []
(I. SPECIFY)

Code #: 24358



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

DEC 12 2019



For NESHAP facilities, the US EPA requires a notification for renovation and demolition activities which involve 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	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
8. BUILDING DATA:		SQUARE FEET:	4,416	NUMBER OF FLOORS:	1
9. ABATEMENT CLASSIFICATION:					
A. RENOVATION	<input checked="" type="checkbox"/>	B. DEMOLITION	<input type="checkbox"/>	C. ORDERED DEMO (AGENCY ISSUING ORDER): <input type="checkbox"/>	
<i>MUST ATTACH COPY OF DEMO ORDER for ORDERED DEMOLITIONS</i>					
10. ABATEMENT TECHNIQUE:					
A. FULL CONTAINMENT WITH NEG. AIR	<input checked="" type="checkbox"/>	B. ALT. WORK PRACTICE (PRE-APPROVAL REQUIRED)	<input type="checkbox"/>		
(IF AWP, include) PROJECT DESIGNER NAME					LICENSE #
C. EXTERIOR ABATEMENT	<input type="checkbox"/>	D. SPOT REPAIR (>25 SQ. FT. TOTAL)	<input type="checkbox"/>		
11. ABATEMENT METHOD:					
A. REMOVAL	<input checked="" type="checkbox"/>	B. ENCAPSULATION	<input type="checkbox"/>	C. ENCLOSURE	<input type="checkbox"/>
12. TYPE OF DECONTAMINATION SYSTEM					
A. CONTIGUOUS	<input checked="" type="checkbox"/>	B. REMOTE	<input type="checkbox"/>	C. BOTH	<input type="checkbox"/>
13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET):					
FRIABLE MATERIAL			NONFRIABLE MATERIAL		
A. SPRAYED /TROWELED ON:	_____		I.. FLOOR COVERINGS/TILES:		<u>Category I</u>
B. BOILER INSULATION:	_____		J. ROOFING, SPECIFY:	_____	
C. TANK INSULATION:	_____		K. GASKETS, PACKINGS:	_____	
D. BREECHING INSULATION:	_____		L. TRANSITE BOARD:	<u>Category II</u>	
E. DUCT INSULATION:	_____		M. OTHER, SPECIFY:	_____	
F. CEILING TILES:	_____		OTHER Non-Friable	_____	
G. OTHER, SPECIFY:	_____		CUMULATIVE SQ FT	985	
H. *PIPE INSULATION: Use conversion table	_____		_____		
<i>(Outside Pipe diameter)" Multiply LF by Conversion Factor = Total Square Feet</i>					
	4"	x	1.05	=	_____
	5"	x	1.31	=	_____
	6"	x	1.57	=	_____
	2"	x	0.52	=	_____
	3"	x	0.79	=	_____

<i>Enter up to 3 Sites and 3 Waste Hauler/Transporters</i>	
14. WASTE DISPOSAL SITE/S	
NAME:	Minerva Enterprises
ADDRESS:	9000 Minerva S. E.
CITY, STATE, ZIP	Waynesburg, OH 44688
OWNER, OPERATOR:	Minerva Enterprises
15. HAULER/WASTE TRANSPORTER	
NAME:	Transwaste, Inc
ADDRESS:	3 Barker Drive
CITY, STATE, ZIP:	Wallingford, CT 06492

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: **Rhasheda Merritt** Title: Office Manager

Signature: *Rhasheda Merritt*