



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM**

State Use Only

Post Mark 12/10/19
Check No 5839
Check Amt \$ 179.00
Trans 20-345
Rec # _____

1. TYPE OF NOTIFICATION

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

Explain Emergency _____

2. ABATEMENT CONTRACTOR

C_Name Asbestos Management Company, LLC License # 53.000 3 7 6
C_Address P.O. Box 456
C_City Torrington C_Contact Daniel Cimmino
C_State CT C_Zipcode 06790 C_Phone (860) 482-6677

3. FACILITY OWNER

O_Name Thomas F. McDermott Jr.
O_Address 153-155 South St
O_City Litchfield O_Contact Thomas McDermott Jr.
O_State CT O_Zipcode _____ O_Phone 860 567 0667
203 592 0627

4. PROJECT

Name of Facility Residence
P_Address 155 South St.
P_City Litchfield P_Contact Thomas McDermott
P_State CT P_Zipcode _____ P_Phone 203 592 0627

5A. ABATEMENT START DATE 12-23-19 5B. ABATEMENT END DATE 1-8-20

REVISED START _____

REVISED END _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST \$7820.00

6A. 1% of TOTAL COST 79.00 plus \$100 6B. (Notification Fee Due) 179.00

FOR REVISIONS, ADDITIONAL COST _____ Additional 1% Fee Owed _____

Paid to Date _____

7. FACILITY USE

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

of Units 1

DEC 10 2019

8. BUILDING DATA

Sq. Ft. 44825F Age 1956 Years Number Floors 3

9. CLASSIFICATION

- Renovation Demolition Ordered Demo (ATTACH ORDER)

10. TECHNIQUE

- A. Full Containment with Neg Pressure C. Exterior
B. Alternative Work Practice (pre-approved) D. Spot Repair

11. METHOD

- A. Removal B. Encapsulation C. Enclosure

12. TYPE of DECONTAMINATION

- A. Contiguous B. Remote C. Both

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

ADDRESS _____

CITY/TOWN _____

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

FRIABLE MATERIAL (report in square footage)

A. Sprayed/Troweled on _____

B. Boiler Insulation _____

C. Tank Insulation _____

D. Breeching Insulation _____

Other Friable SqFt: _____
(SPECIFY)

E. Duct Insul _____

F. Ceiling Tiles _____

G. Other (Specify) Other _____

Friable, Specify Other _____

Friable, 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)

OD	QTY LF	x	CF	=	SQ FT
5 inch	190'		1.31		0 248.9 SF
					0
					0

OD	QTY LF	x	CF	=	SQ FT	Conversion Factor
					0	
					0	
					0	

NONFRIABLE CATEGORY 1
SQ FT

SPECIFY TYPE

I. Floor Coverings/Tiles _____

J. Roofing, Specify _____

K. Packings, Gaskets _____

Other NF _____

Total Columns 0

NONFRIABLE CATEGORY 2
SQ FT

H. Pipe Insulation SF

SPECIFY TYPE

L. Transite board _____

M. Other NF, Specify _____

N. Other NF, Specify _____

Other NF, Specify _____

List other NF (M) _____

14. HAULER *list up to 3 sites

H1Name Transwaste

H1Address 3 Barker Drive

H1City Wallingford

H1State,Zip CT, 06492

H1Contact _____

H2Name _____

H2Address _____

H2City _____

H2State,Zip _____

H2Contact _____

H3Name _____

H3Address _____

H3City _____

H3State,Zip _____

H3Contact _____

15. WASTE DISPOSAL SITE *list up to 3 sites

L1Name BFI Imperial Landfill

L1Address 11 Boggs Road

L1City Imperial

L1State,Zip PA, 15126

L1Contact _____

L2Name _____

L2Address _____

L2City _____

L2State,Zip _____

L2Contact _____

L3Name _____

L3Address _____

L3City _____

L3State,Zip _____

L3Contact _____

Form Prepared by (printed)

Rammy Cimmino
Signature

Rammy Cimmino