

TOWN: _____



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

STATE USE ONLY

| | |
|-----------------|----------|
| Post Mark Date: | _____ |
| Check # | _____ |
| Amount | \$ _____ |
| Transmittal # | _____ |
| 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.

| | |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. TYPE OF NOTIFICATION: | |
| A. NEW <input type="checkbox"/> | B. BLANKET <input type="checkbox"/> C. CANCELLATION / POSTPONED C <input type="checkbox"/> P <input type="checkbox"/> |
| D. REVISED <input checked="" type="checkbox"/> | (ITEMS REVISED) _____ REVISION # <u>2</u> REV DATE <u>11.11.19</u> |
| E. EMERGENCY <input type="checkbox"/> | DESCRIBE NATURE OF EMERGENCY _____ |
| 2. ABATEMENT CONTRACTOR: | |
| NAME: <u>Abatement Services, LLC</u> | LICENSE # <u>000604</u> |
| ADDRESS: <u>65 LaSalle Rd., Suite 217</u> | |
| CITY/TOWN: <u>West Hartford</u> STATE: <u>CT</u> | ZIP: <u>06119</u> |
| PHONE # <u>(860) 655-7071</u> | CONTACT PERSON: <u>Bob Bertolette</u> |
| 3. FACILITY (OWNER'S NAME) OWNER/OPERATOR: | |
| NAME: <u>Hill Holdings LLC</u> | |
| ADDRESS: <u>16 Harris Road</u> | |
| CITY/TOWN: <u>Litchfield</u> STATE: <u>CT</u> | ZIP: <u>06759</u> |
| PHONE # _____ | CONTACT PERSON: _____ |
| 4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED) | |
| FACILITY NAME: _____ | |
| FACILITY ADDRESS: <u>16 Harris Road</u> | |
| FACILITY CITY/TOWN: <u>Litchfield</u> STATE: <u>CT</u> | ZIP: <u>06759</u> |
| 5.(A) ABATEMENT START DATE: <u>11/13/19</u> | 5.(B) COMPLETION DATE: <u>11/18/19</u> |
| REVISED START DATE _____ | REVISED COMPLETION DATE _____ |
| (#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET | |
| 6. TOTAL ABATEMENT PROJECT COST: | |
| NOTIFICATION FEE DUE: <u>\$100.00 + 1% (X 0.01) TOTAL ABATEMENT COST (#6)=</u> | <u>\$ 2,500.00</u> |
| *REVISED COST (ONLY FOR REVISIONS): _____ | ADDITIONAL FEE DUE: <u>\$ 250.00</u> |
| 7. USE OF FACILITY: | |
| 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 <u>1</u> I. OTHER <input type="checkbox"/> |
| <i>(I. SPECIFY)</i> _____ | |

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



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: 1,114 | | NUMBER OF FLOORS: 1.00 | | AGE: 64 | |
| 9. ABATEMENT CLASSIFICATION: | | | | | |
| A. RENOVATION <input type="checkbox"/> | | B. DEMOLITION <input checked="" 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 | | | 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 | | | Category I | | |
| B. BOILER INSULATION: | | | I. FLOOR COVERINGS/TILES: 1,100 | | |
| 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 | |
| <i>(Outside Pipe diameter)"</i> | | <i>Multiply LF by Conversion Factor</i> | | <i>= Total Square Feet</i> | |
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| * | | | | | |
| <i>Enter Up to 3 Sites and 3 Waste Hauler/Transporters</i> | | | | | |
| 14. WASTE DISPOSAL SITE/S | | | | | |
| NAME: MINERVA ENTERPRISES | | | | | |
| ADDRESS: 9000 Minerva Rd. | | | | | |
| CITY, STATE, ZIP: Waynesboro, OH 44688 | | | | | |
| OWNER, OPERATOR: | | | | | |
| 15. HAULER/ WASTE TRANSPORTER | | | | | |
| NAME: RED TECHNOLOGIES | | RED TECHNOLOGIES | | | |
| ADDRESS: 10B Northwood Rd. | | 10B Northwood Rd. | | | |
| CITY, STATE, ZIP: Bloomfield, CT 06002 | | Bloomfield, CT 06002 | | | |

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: Robert Bertolette Title: _____
 Signature: 