



DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

Town

State Use Only

Post Mark 11/20/19Check No 0414Check Amt \$ 130.00Trans 20-314Rec # See Instructions on our program website.
Checks or money orders shall be made payable to "Treasurer, State of Connecticut"**1. TYPE OF NOTIFICATION**

- A. New B. Blanket C. Cancellation E. Emergency F. Postponed
 D. Revised Revison # Items Revised
 Describe
 Emergency

2. ABATEMENT CONTRACTOR

Name A.C.E. Abatement LLC Lic # 53.000 721
 Contractor Address 26 Ancient Highway
 Contractor City Oxford C_Contact Dianne
 Contractor State CT C_Zip 06478 C_Phone 203-218-2728

3. OWNER

Owner Name Thalia Calmar
 Owner Address 178 North Street
 Owner City Middlebury O_Contact
 Owner State CT O_Zip 06762 O_Phone

4. PROJECT

Name of Facility Residence
 Project Address 178 North Street
 Project City Middlebury P_Contact
 Project State CT P_Zip 06762 Project Phone

5B. PROJECT DATESStart Date 11/30/19 5B. End Date 12/1/19FOR REVISIONS Revised Start Revised End **6. (A. and B.) ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER****TOTAL COST**

6A. 1% of Total Cost 30.00 plus \$100 6B.=(Notification Fee Due) 130.00
 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 # of Units 1
 C. Manufacturing F. Commercial I. Other, Specify

8. BUILDING DATASq. Ft. 5564 Age or year built 1790 Number Floors 2**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 Repairs
 Name of Project Designer Lic #

11. METHODA. 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 N/A

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Phone (860) 509-7367 / Fax (860) 509-7378
 410 Capital Avenue - MS #12 AIR PO Box 340308
 Hartford CT 06134-0308



ADDRESS 178 North Street

CITY/TOWN Middlebury

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

FRIABLE MATERIAL (report in square footage)

Square Feet

Square Feet

Specify

A. Sprayed/Troweled on

B. Boiler Insulation

C. Tank Insulation

D. Breeching Insulation

E. Duct Insul

F. Ceiling Tiles

G1. Other Friable, Specify G2.

Other Friable, Specify G3.

Other Friable, Specify

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

OD	QTY LF	x	CF	=	SQ FT	OD	QTY LF	x	CF	=	SQ FT	H. Pipe Insulation SF
6	120		1.57		188.4						0	188.4
					0						0	
					0						0	

NONFRIABLE CATEGORY 1

Square Feet

NONFRIABLE CATEGORY 2

Square Feet

Specify

I. Flooring

J. Asphalt Roofing

K. Packings/Gaskets

Other Nonfriable

L. Cementious /Transite

M1. Other Cat 2 NF

M2. Other Cat 2 NF

M3. Other Cat 2 NF

14. HAULER *list up to 3 haulers

Name Hauler 1 RED Technologies
 Address Hauler 1 203 Pickering Street
 City Hauler 1 Portland
 State,Zip Hauler 1 CT 06480
 Contact Hauler 1
 Name Hauler 3
 Address Hauler 3
 City Hauler 3
 State,Zip Hauler 3
 Contact Hauler 3

Name Hauler 2
 Address Hauler 2
 City Hauler 2
 State,Zip Hauler 2
 Contact Hauler 2

15. WASTE DISPOSAL SITE *list up to 3 sites

Landfill 1 Name Minerva Enterprises
 Landfill 1 Address 9000 Minerva Road
 Landfill 1 City Waynesburg
 Landfill 1 State,Zip OH 44688
 Landfill 1Contact
 Landfill 3 Name
 Landfill 3 Address
 Landfill 3 City
 Landfill 3 State, Zip
 Landfill 3 Contact

Name Landfill 2
 Address Landfill 2
 City Landfill 2
 State,Zip Landfill 2
 Contact Landfill 2

Form Prepared by (printed)

Dianne L'Altrelia

Signature

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