



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

State Use Only

Post Mark 12/14/19  
 Check No 0956  
 Check Amt \$ 100.00  
 Trans 20-353  
 Rec # \_\_\_\_\_

**1. TYPE OF NOTIFICATION**

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

Explain Emergency \_\_\_\_\_

**2. ABATEMENT CONTRACTOR**

C\_Name American Solutions LLC License # 53.000 7 9 1  
 C\_Address 40 Warren Drive  
 C\_City East Hartford C\_Contact Nichole Castellon  
 C\_State CT C\_Zipcode 06118 C\_Phone (860) 713-4411

**3. FACILITY OWNER**

O\_Name Lisa Grzywacz  
 O\_Address 294 Porter Ave  
 O\_City Middlebury O\_Contact Lisa Grzywacz  
 O\_State CT O\_Zipcode 06762 O\_Phone (203) 836-4141

**4. PROJECT**

Name of Facility Grzywacz Residence  
 P\_Address 294 Porter Ave  
 P\_City Middlebury P\_Contact Lisa Grzywacz  
 P-State CT P\_Zipcode 06762 P\_Phone (203) 836-4141

**5A. ABATEMENT START DATE** 12/23/19      **5B. ABATEMENT END DATE** 12/23/19

REVISED START \_\_\_\_\_ REVISED END \_\_\_\_\_

**6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER**      TOTAL COST \_\_\_\_\_

**6A.** 1% of TOTAL COST \_\_\_\_\_ plus \$100 **6B.**=(Notification Fee Due) \$ 100.00  
 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 DATA**      Sq. Ft. 1,109      Age 1,949      Years      Number Floors 2

**9. CLASSIFICATION**      Renovation     Demolition     Ordered Demo     (ATTACH ORDER)

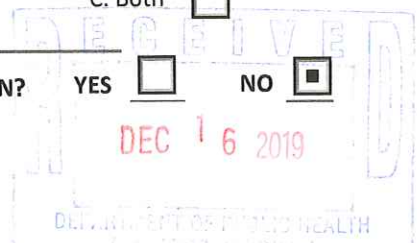
**10. TECHNIQUE**      A. Full Containment with Neg Pressure     C. Exterior   
                          B. Alternative Work Practice (pre-approved)     D. Spot Repair

**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

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



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

**FRIABLE MATERIAL (report in square footage)**

A. Sprayed/Troweled on _____	E. Duct Insul <u>45</u>
B. Boiler Insulation _____	F. Ceiling Tiles _____
C. Tank Insulation _____	G. Other (Specify) Other _____
D. Breeching Insulation _____	Friable, Specify Other _____
Other Friable SqFt. _____	Friable, Specify _____
(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) Conversion Factor

OD	QTY LF	x	CF	=	SQ FT	OD	QTY LF	x	CF	=	SQ FT
_____	_____		_____		_____	_____	_____		_____		_____
_____	_____		_____		_____	_____	_____		_____		_____
_____	_____		_____		_____	_____	_____		_____		_____

**NONFRIABLE CATEGORY 1**  
SQ FT SPECIFY TYPE

Total Columns 0 H. Pipe Insulation SF  
NONFRIABLE CATEGORY 2 SQ FT SPECIFY TYPE

I. Floor Coverings/Tiles _____	L. Transite board _____
J. Roofing, Specify _____	M. Other NF, Specify _____
K. Packings, Gaskets _____	N. Other NF, Specify _____
Other NF _____	Other NF, Specify _____

List other NF (M) \_\_\_\_\_

**14. HAULER \*list up to 3 sites**

H1Name <u>RED Technologies LLC</u>	H2Name _____
H1Address <u>170 Pickering Street</u>	H2Address _____
H1City <u>Portland</u>	H2City _____
H1State,Zip <u>CT, 06480</u>	H2State,Zip _____
H1Contact _____	H2Contact _____
H3Name _____	
H3Address _____	
H3City _____	
H3State,Zip _____	
H3Contact _____	

**15. WASTE DISPOSAL SITE \*list up to 3 sites**

L1Name <u>Minerva Enterprises</u>	L2Name _____
L1Address <u>9000 Minerva Rd</u>	L2Address _____
L1City <u>Waynesburg</u>	L2City _____
L1State,Zip <u>OH, 44688</u>	L2State,Zip _____
L1Contact _____	L2Contact _____
L3Name _____	
L3Address _____	
L3City _____	
L3State,Zip _____	
L3Contact _____	

**Form Prepared by (printed)**

Nichole Castellon

**Signature**

Nichole Castellon