

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

State Use Only

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. Fee is \$100 for abatement <160 Square Feet (SF). Additional 1% total cost is due for abatements of 160 SF or more. Checks payable to "Treasurer, State of Connecticut".

Post Mark	11/29/19
Check No	1330
Check Amt	\$ 156.00
Trans	20-332
Rec #	

### 1. TYPE OF NOTIFICATION

A. NEW     C. CANCELATION     D. REVISED     E. EMERGENCY     F. POSTPONED   
 B. BLANKET  REVISION # \_\_\_\_\_    ITEMS REVISED \_\_\_\_\_

Describe Emergency \_\_\_\_\_

### 2. ABATEMENT CONTRACTOR

C-NAME Tri-State Abatement Service, LLC.    LICENSE # 811  
 C\_ADDRESS 304 Main Ave. #199  
 C\_CITY Norwalk    C\_CONTACT Albert Cabral  
 C\_STATE CT    C\_ZIPCODE 06851    C\_PHONE (203) 418-7535

### 3. FACILITY OWNER/OPERATOR'S NAME

Sharon Clark  
 O\_ADDRESS 324 Bantam Lake Road  
 O\_CITY Morris    O\_CONTACT Sharon Clark  
 O\_STATE CT    O\_ZIPCODE 06763    O\_PHONE (860) 753-0384

### 4. ABATEMENT PROJECT ADDRESS

ADDRESS NAME 324 Bantam Lake Road  
 ADDRESS 2 324 Bantam Lake Road  
 PCITY Morris  
 PSTATE CT    P\_ZIPCODE 06763    P\_Contact (if different) \_\_\_\_\_

### 5A. ABATEMENT START DATE

12/9/19

### 5B. ABATEMENT END DATE

12/16/19

Revised Start \_\_\_\_\_

Revised End \_\_\_\_\_

### 6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST \$ 5,600.00

### 6A. 1% of TOTAL COST

\$ 56

plus \$100 = (Notification Fee Due) 156

### 6B. FOR REVISIONS, ADDITIONAL COST

ADDITIONAL 1% FEE OWED \$0.00

### 7. USE OF FACILITY

A. SCHOOL     D. OFFICE     G. RELIGIOUS  
 B. PUBLIC     E. COLLEGE     H. RESIDENTIAL, # UNITS \_\_\_\_\_  
 C. MANUFACTURING     F. COMMERCIAL     I. OTHER, SPECIFY \_\_\_\_\_

### 8. BUILDING DATA

SQ FT 950    AGE 59    NUMBER OF FLOORS 2

### 9. ABATEMENT CLASSIFICATION

RENOVATION     DEMOLITION     ORDERED DEMOLITION (ATTACH ORDER OF DEMOLITION)

### 10. ABATEMENT TECHNIQUE

A. FULL CONTAINMENT WITH NEG AIR     B. ALTERNATIVE WORK PRACTICE  
 C. EXTERIOR ABATEMENT     D. SPOT REPAIR (>25 SF)

### 11. ABATEMENT METHOD

A. REMOVAL  
 B. ENCAPSULATION  
 C. ENCLOSURE

### 12. TYPE OF DECONTAMINATION SYSTEM

A. CONTIGUOUS  
 B. REMOTE  
 C. BOTH

HAS CONTRACTOR PROVIDED US EPA with A TEN WORKING DAY NOTIFICATION?

YES

NO



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

DEC - 2 2019



DEPARTMENT OF PUBLIC HEALTH

ADDRESS 324 Bantam Lake Road

CITY/TOWN Morris

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

FRIABLE MATERIAL (report in square footage)

A. Sprayed/Troweled on \_\_\_\_\_ E. Duct Insul. \_\_\_\_\_  
 B. Boiler Insulation \_\_\_\_\_ F. Ceiling Tiles \_\_\_\_\_  
 C. Tank Insulation \_\_\_\_\_ G. Other (Specify) \_\_\_\_\_  
 D. Breeching Insulation \_\_\_\_\_ Other Friable, Specify \_\_\_\_\_  
 Other Friable \_\_\_\_\_ Other 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 (\*CF)

OD	QTY LF	x CF	SQ FT	OD	QTY LF	x CF	SQ FT	H. Pipe Insulation SF	
1"		0.26							
2"		0.52							
3"		0.79							
Total Column				Total Column				0	0.00

NONFRIABLE CATEGORY 1

I. Floor Coverings/Tiles 250  
 J. Roofing, Specify \_\_\_\_\_  
 K. Packings, Gaskets \_\_\_\_\_  
 Other NF \_\_\_\_\_

NONFRIABLE CATEGORY 2

L. Transite board \_\_\_\_\_  
 M. Other Nonfriable \_\_\_\_\_  
 N. Other NF, Specify \_\_\_\_\_  
 Other NF, Specify \_\_\_\_\_

14. WASTE HAULER (list up to 3)

H1Name Transwaste Inc.	H2Name _____
H1Address 3 Barker Drive	H2Address _____
H1City Wallingford	H2City _____
H1State,Zip CT 06492	H2State,Zip _____
H1Contact _____	H2Contact _____
H3Name _____	
H3Address _____	
H3City _____	
H3State,Zip _____	
H3Contact _____	

15. LANDFILL (list up to 3)

L1Name Minerva Landfill	L2Name _____
L1Address 900 Minerva Rd. SE	L2Address _____
L1City Waynesburg	L2City _____
L1State,Zip OH 44655	L2State,Zip _____
L1Contact _____	L2Contact _____
L3Name _____	
L3Address _____	
L3City _____	
L3State,Zip _____	
L3Contact _____	

Form Prepared by (printed) RUSTY CAZILET

Signature Rusty Cazilet