



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

FOR STATE USE

Return Completed Form and Fee to: DPH, 410 Capitol Ave, MS 12 AIR
P O Box 340308 Hartford, CT 06134-0308

| | |
|-----------------|-----------|
| Post Mark Date | 11/8/19 |
| Check No. | 11124 |
| Check Amount | \$ 155.00 |
| Transmittal No. | 20-288 |
| Record ID | |

1. TYPE OF NOTIFICATION

A. NEW B. BLANKET C. CANCELATION D. REVISED E. EMERGENCY F. POSTPONED

REVISION # _____ ITEMS REVISED _____

Describe Emergency _____

2. ABATEMENT CONTRACTOR

ACCURATE INSULATION LLC LICENSE # 000008

CONTR_ADDRESS 33A STAFFORD AVENUE
CONTR_CITY BRISTOL C_CONTACT Joe Orlando
CONTR_STATE CT C_PHONE 860-584-2146
C_ZIP 06010

3. FACILITY OWNER NAME

Jane O'Connor

OWNER_ADDRESS 333 Alain Road
OWNER_CITY Morris OWNER_CONTACT Jane O'Connor
OWNER_STATE CT OWNER_PHONE 860-567-0855
OWNER-ZIP 06763

4. PROJECT ADDRESS (NAME)

Residence

ADDRESS 2 333 Alain Road
PROJECT CITY Morris
PROJECT STATE CT PROJECT_ZIP 06763 PROJECT_CONTACT Jane O'Connor

5A. ABATEMENT START DATE

11/19/2019

5B. ABATEMENT END DATE

11/23/2019

REVISED START _____ REVISED END _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST 5,500.00

6A. 1% of TOTAL COST 55.00 plus \$100 155.00 (Notification Fee Due)

6B. FOR REVISIONS, ADDITIONAL COST _____ ADDITIONAL 1% FEE _____ TOTAL PAID to date \$0.00

7. USE OF FACILITY

A. SCHOOL D. OFFICE G. RELIGIOUS
 B. PUBLIC E. COLLEGE H. RESIDENTIAL, # UNITS 1
 C. MANUFACTURING F. COMMERCIAL I. OTHER, SPECIFY _____

8. BUILDING DATA

SQ FT 1,729 AGE 290 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

If AWP, Name of Project Designer _____ PD Lic # _____

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 EPA with a ten day or emergency notification? YES NO



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

NOV 12 2019



ADDRESS _____ CITY/TOWN _____

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 684 sq. ft. vermiculite 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 |
|----|--------|------|-------|
| 1" | | 0.26 | 0 |
| 2" | | 0.52 | 0 |
| 3" | | 0.79 | 0 |

Total Column 1 0

| OD | QTY LF | x CF | SQ FT |
|----|--------|------|-------|
| | | | 0 |
| | | | 0 |
| | | | 0 |

Total Column 2 0

H. Pipe Insulation SF 0

NONFRIABLE CATEGORY 1

I. Floor Coverings/Tiles _____
 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)

| | | | |
|--------------------|-------------------------|--------------------|-------------------------------------|
| Hauler 1 Name | <u>TRANS WASTE, INC</u> | Hauler 2 Name | <u>PATTERSON ENTERPRISED, LLC</u> |
| Hauler 1 Address | <u>3 BARKER ROAD</u> | Hauler 2 Address | <u>PO BOX 9697 550 BROAD STREET</u> |
| Hauler 1 City | <u>WALLINGFORD</u> | Hauler 2 City | <u>FORESTVILLE</u> |
| Hauler 1 State,Zip | <u>CT, 06492</u> | Hauler 2 State,Zip | <u>CT. 06010</u> |
| Hauler 1 Contact | <u>JOHN BERRY</u> | Hauler 2 Contact | <u>MICHAEL PATTERSON</u> |
| Hauler 3 Name | _____ | | |
| Hauler 3 Address | _____ | | |
| Hauler 3 City | _____ | | |
| Hauler 3 State,Zip | _____ | | |
| Hauler 3 Contact | _____ | | |

15. LANDFILL (list up to 3)

| | | | |
|----------------------|-------------------------------|----------------------|----------------------------|
| Landfill 1 Name | <u>MODERN LANDFILL</u> | Landfill 2 Name | <u>MINERVA ENTERPRISES</u> |
| Landfill 1 Address | <u>4400 MOUNT PISGAH ROAD</u> | Landfill 2 Address | <u>9000 NINERVA S. E.</u> |
| Landfill 1 City | <u>YORK</u> | Landfill 2 City | <u>WAYNESBURY</u> |
| Landfill 1 State,Zip | <u>PA, 17402</u> | Landfill 2 State,Zip | <u>OH, 44688</u> |
| Landfill 1 Contact | <u>REPUBLIC INSUSTIERS</u> | Landfill 2 Contact | <u>FRANK SEUSANO</u> |
| Landfill 3 Name | <u>Turnkey Landfill</u> | | |
| Landfill 3 Address | <u>90 Rochester Neck</u> | | |
| Landfill 3 City | <u>Rochester</u> | | |
| Landfill 3 State,Zip | <u>New Hampshire, 03839</u> | | |
| Landfill 3 Contact | _____ | | |

Form Prepared by (printed)

Brenda Lango

Signature

Title