

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	10/11/19
Check No	
Check Amt	
Trans	
Rec #	

1. TYPE OF NOTIFICATION

<input checked="" type="checkbox"/> A. NEW	C. CANCELATION	D. REVISED	E. EMERGENCY	F. POSTPONED
B. BLANKET	REVISION #	ITEMS REVISED		

Describe Emergency

2. ABATEMENT CONTRACTOR AAIS LICENSE # 000017

C_ADDRESS	P.O. Box 26066		C_CONTACT	Keith Godreau
C_CITY	WEST HAVEN		C_PHONE	(203) 932-2992
C_STATE	CT	C_ZIPCODE	06516	

3. FACILITY OWNER/OPERATOR'S NAME DAS/Construction Services

O_ADDRESS	450 Columbus Boulevard		O_CONTACT	Michael K Sanders
O_CITY	Hartford		O_PHONE	860-227-6063
O_STATE	CT	O_ZIPCODE	06103	

4. ABATEMENT PROJECT ADDRESS Camp Isola Bella Main House

ADDRESS 2	410 Twin Lakes Road		P_Contact (if different)	Don LePage
PCITY	Salisbury			
PSTATE	CT	P_ZIPCODE	06068	

5A. ABATEMENT START DATE 2019-10-28 **5B. ABATEMENT END DATE** 2019-11-30

Revised Start	Revised End
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6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER TOTAL COST 0

6A. 1% of TOTAL COST	\$0.00	plus \$100	\$100	(Notification Fee Due)
6B. FOR REVISIONS, ADDITIONAL COST	0	ADDITIONAL 1% FEE OWED	\$0.00	

7. USE OF FACILITY

A. SCHOOL	D. OFFICE	G. RELIGIOUS
B. PUBLIC	E. COLLEGE	<input checked="" type="checkbox"/> H. RESIDENTIAL, # UNITS 1
C. MANUFACTURING	F. COMMERCIAL	I. OTHER, SPECIFY

8. BUILDING DATA

SQ FT	4200	AGE	79	NUMBER OF FLOORS	2
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9. ABATEMENT CLASSIFICATIC RENOVATION DEMOLITION ORDERED DEMOLITION (ATTACH ORDER OF DEMOLITION)

10. ABATEMENT TECHNIQUE

<input checked="" type="checkbox"/> A. FULL CONTAINMENT WITH NEG A	<input checked="" type="checkbox"/> B. ALTERNATIVE WORK PRACTICE	Don LePage, 000233
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



ADDRESS 410 Twin Lakes Road

CITY/TOWN Salisbury

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 1600 SF PIPE INSULATION

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	0.26	0	0	0	0.00	0	
2"	20	0.52	10	0	0	0.00	0	
3"	0	0.79	0	0	0	0.00	0	
Total Column			10	Total Column			0	<u>10</u>

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)

H1Name	TRANSWASTE, Inc.	H2Name	ITS ABOUT TIME LOGISTICS (IAT)
H1Address	3 Barker Drive	H2Address	174 South Road, Suite 111
H1City	Wallingford	H2City	Enfield
H1State,Zip	CT 06492	H2State,Zip	CT 06082
H1Contact	Cindy Devaglia	H2Contact	Louise Cadavid

H3Name _____
H3Address _____
H3City _____
H3State,Zip _____
H3Contact _____

15. LANDFILL (list up to 3)

L1Name	Modern Landfill	L2Name	Hakes Landfill
L1Address	4400 Mount Pisgah Road	L2Address	4376 Manning Ridge Road
L1City	York	L2City	Painted Post
L1State,Zip	PA 17406	L2State,Zip	NY 14870
L1Contact	Jim Kuhn	L2Contact	Eddie Lopez

L3Name: Minerva Enterprises, LLC
L3Address: 8955 Minerva Road
L3City: Waynesburg
L3State,Zip: OH 44688

Form Prepared by (printed)
Keith Godreau
Signature _____