



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

State Use Only

Post Mark 10/15/19  
 Check No \_\_\_\_\_  
 Check Amt \$ \_\_\_\_\_  
 Trans \_\_\_\_\_  
 Rec # \_\_\_\_\_

**1. TYPE OF NOTIFICATION**

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

ITEMS REVISED Dates - AWP pending - Superior. Trd. ✓ Kristen Doe

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

**2. ABATEMENT CONTRACTOR**

C\_Name Asbestos Management Company, LLC License # 53.000 3 7 6  
 C\_Address P.O. Box 456  
 C\_City Torrington C\_Contact Daniel Cimmino  
 C\_State CT C\_Zipcode 06790 C\_Phone (860) 482-6677

**3. FACILITY OWNER**

O\_Name Luca Shapiro  
 O\_Address 457 Twin Lakes Rd.  
 O\_City Salisbury O\_Contact Luca Shapiro  
 O\_State CT O\_Zipcode \_\_\_\_\_ O\_Phone (860) 617 448 0694

**4. PROJECT**

Name of Facility Residence  
 P\_Address 457 Twin Lakes Rd.  
 P\_City Salisbury P\_Contact Luca Shapiro  
 P-State CT P\_Zipcode \_\_\_\_\_ P\_Phone 617 448 0694

5A. ABATEMENT START DATE Oct. 7, 2019 5B. ABATEMENT END DATE Oct 19 2019  
 REVISED START \_\_\_\_\_ REVISED END Nov. 1, 2019

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

TOTAL COST \$5250

6A. 1% of TOTAL COST 53.00 plus \$100 6B. (Notification Fee Due) 153.00

FOR REVISIONS, ADDITIONAL COST \_\_\_\_\_ Additional 1% Fee Owed \_\_\_\_\_ Paid to Date \_\_\_\_\_

- 7. FACILITY USE**
- |   |  |  |
|---|--|--|
| A. School (K-12) <input type="checkbox"/> | D. Office <input type="checkbox"/>     | G. Religious <input type="checkbox"/>              |
| B. Public <input type="checkbox"/>        | E. College <input type="checkbox"/>    | H. Residential <input checked="" type="checkbox"/> |
| C. Manufacturing <input type="checkbox"/> | F. Commercial <input type="checkbox"/> | I. Other, Specify <input type="checkbox"/>         |

# of Units 1  
**OCT 16 2019**

**8. BUILDING DATA** Sq. Ft. 2400 Age 1810 Years Number Floors 2

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

**10. TECHNIQUE**

A. Full Containment with Neg Pressure <input type="checkbox"/>	C. Exterior <input type="checkbox"/>
B. Alternative Work Practice (pre-approved) <input checked="" type="checkbox"/>	D. Spot Repair <input type="checkbox"/>

**11. METHOD**

A. Removal <input checked="" type="checkbox"/>	B. Encapsulation <input type="checkbox"/>	C. Enclosure <input type="checkbox"/>
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**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

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_

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

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

- A. Sprayed/Troweled on \_\_\_\_\_
- B. Boiler Insulation \_\_\_\_\_
- C. Tank Insulation \_\_\_\_\_
- D. Breeching Insulation \_\_\_\_\_
- E. Duct Insul \_\_\_\_\_
- F. Ceiling Tiles \_\_\_\_\_
- G. Other (Specify) Other \_\_\_\_\_
- Other Friable SqFt: 4205F Asb. P/c Friable, Specify \_\_\_\_\_
- (SPECIFY) asb. debris Friable, 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
					0						0
					0						0
					0						0

**NONFRIABLE CATEGORY 1**  
SQ FT SPECIFY TYPE

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

Total Columns 0  
**NONFRIABLE CATEGORY 2** SQ FT

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

H. Pipe Insulation SF  
SPECIFY TYPE

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

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

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

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

L1Name	<u>BFI Imperial Landfill</u>	L2Name	_____
L1Address	<u>11 Boggs Road</u>	L2Address	_____
L1City	<u>Imperial</u>	L2City	_____
L1State,Zip	<u>PA, 15126</u>	L2State,Zip	_____
L1Contact	_____	L2Contact	_____
L3Name	_____		
L3Address	_____		
L3City	_____		
L3State,Zip	_____		
L3Contact	_____		

Form Prepared by (printed)

Danny Cimmino

Signature

Danny Cimmino