



**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	<u>11/12/19</u>
Check No.	<u>20990</u>
Check Amount	<u>\$ 230.00</u>
Transmittal No.	<u>20-292</u>
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

ENCO Environmental Contracting & Demolition, LLC LICENSE # 786

CONTR_ADDRESS 70 W Liberty Street
CONTR_CITY Waterbury C_CONTACT Richard Shultz
CONTR_STATE CT C_ZIP 06706 C_PHONE 203-754-5959

3. FACILITY OWNER NAME

Beth Weils

OWNER_ADDRESS 97 Interlaken Road
OWNER_CITY Lakeville OWNER_CONTACT Bill Segalla (GC)
OWNER_STATE CT OWNER-ZIP 06039 OWNER_PHONE _____

4. PROJECT ADDRESS (NAME)

ADDRESS 2 97 Interlaken Road
PROJECT CITY Lakeville (Salisbury)
PROJECT STATE CT PROJECT_ZIP 06039 PROJECT_CONTACT Bill Segalla (GC)

5A. ABATEMENT START DATE

11/21/2019 **5B. ABATEMENT END DATE** 11/29/2019

REVISED START _____ REVISED END _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST 13,000.00

6A. 1% of TOTAL COST 130.00 plus \$100 230.00 (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 2800 AGE 89 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 Exterior Work
 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 13 2019



ADDRESS 97 Interlaken Road CITY/TOWN Lakeville

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

FRIABLE MATERIAL (report in square footage)

A. Sprayed/Troweled on _____ E. Duct Insul 300 SF
 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
1"		0.26	
2"		0.52	0
3"		0.79	0

Total Column 1 0

OD	QTY LF	x CF	SQ FT
4"	2	1.05	2.1
			0
			0

Total Column 2 2.1

H. Pipe Insulation SF 2.1

NONFRIABLE CATEGORY 1

I. Floor Coverings/Tiles 315
 J. Roofing, Specify Chimney Flashing 20SF
 K. Packings, Gaskets _____
 Other NF Back Splash Glue 8SF

NONFRIABLE CATEGORY 2

L. Transite board _____
 M. Other Nonfriable Caulk 100LF
 N. Other NF, Specify Glazing 50LF
 Other NF, Specify _____

14. WASTE HAULER (list up to 3)

Hauler 1 Name	<u>USA Hauling & Recycling</u>	Hauler 2 Name	<u>TransWaste</u>
Hauler 1 Address	<u>184 Municipal Road</u>	Hauler 2 Address	<u>3 Barker Drive</u>
Hauler 1 City	<u>Waterbury</u>	Hauler 2 City	<u>Wallingford</u>
Hauler 1 State,Zip	<u>CT 06708</u>	Hauler 2 State,Zip	<u>CT, 06492</u>
Hauler 1 Contact	<u>Dispatch (203)-596-8913</u>	Hauler 2 Contact	<u>Cindy DeVegea 203-250-1000</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>Minerva Enterprises, LLC</u>	Landfill 2 Name	<u>Hakes Landfill</u>
Landfill 1 Address	<u>8955 Minerva Road S.E.</u>	Landfill 2 Address	<u>4376 Manning Ridge Road</u>
Landfill 1 City	<u>Waynesburg</u>	Landfill 2 City	<u>Painted Post</u>
Landfill 1 State,Zip	<u>Ohio 44688</u>	Landfill 2 State,Zip	<u>NY, 14870</u>
Landfill 1 Contact	<u>Steve Chandler VP (330)-866-3435</u>	Landfill 2 Contact	<u>607-937-6044</u>

Landfill 3 Name _____
 Landfill 3 Address _____
 Landfill 3 City _____
 Landfill 3 State,Zip _____
 Landfill 3 Contact _____

Form Prepared by (printed) _____
 Richard Shultz
Signature Richard Shultz

Title Operations