



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

Asbestos Abatement Notification Form

Post Mark Date 12/23/19
 Check No. 2174
 Check Amt. \$ 213.00
 Transmittal No. 20-370

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". Please note: set margins to Narrow for printing this two page form.

1. TYPE OF NOTIFICATION

A. New	<input checked="" type="checkbox"/>	B. Blanket	<input type="checkbox"/>	C. Cancellation	<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	F. Postponed	<input type="checkbox"/>
D. Revised	<input type="checkbox"/>	Rev. #		ITEMS REVISED					
Describe Emergency									

2. ABATEMENT CONTRACTOR

Abatement Solutions, LLC License # 000809

Contractor Address 14 Woodridge Drive
 Contractor City Cheshire C_Contact Priti Trivedi
 Contractor State CT C_Zip 06410 C_Phone 203-675-7142

3. FACILITY OWNER NAME

Erica Blodgett

Owner Address 100 Dorothy Drive
 Owner City Torrington O_Contact Mrs. Erica
 O_State CT O_Zip 06790 O_Phone 860-309-3298

4. PROJECT ADDRESS

100 Dorothy Drive

Project Address 2 _____
 Project City Torrington
 Project State CT P_Zip 06790 P_Contact Mrs. Erica 860-309-3298

5A. ABATEMENT START DATE

1/2/2020

5B. ABATEMENT END DATE

01/12/2020

REVISED START

REVISED END

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

6A. 1% of Total Cost	<u>\$113.00</u>	plus \$100	<u>\$213.00</u>	Total Cost	<u>\$11,300.00</u>
6B. For Revisions, Additional Cost					(Notification Fee Due)
				Additional 1% Fee	
				Paid to Date	<u>\$213.00</u>

7. USE OF FACILITY

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, # of units	<input checked="" type="checkbox"/>
C. Manufacturing	<input type="checkbox"/>	F. Commercial	<input type="checkbox"/>	I. Other, Specify	<input type="checkbox"/>

8. BUILDING DATA

Square Feet 1,192 Age 1963 Number of Floors 1

9. ABATEMENT CLASSIFICATION

A. Renovation B. Demolition C. Ordered 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

Name of Project Designer _____ Lic # _____
 A. Removal B. Encapsulation C. Enclosure

12. TYPE OF DECONTAMINATION SYSTEM

A. Contiguous B. Remote C. Both

Has Contractor provided EPA with a ten working day or emergency notification ? Yes No N/A



(860) 509-7367/ Fax (860) 509-7378
 410 Capitol Avenue MS #12 AIR
 PO BOX 340309
 Hartford, CT 06134-0308



ADDRESS 100 Dorothy Drive CITY/TOWN Torrington, CT

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

A. Sprayed/Troweled on _____ E. Duct Insulation _____
 B. Boiler Insulation _____ F. Ceiling Tiles _____
 C. Tank Insulation _____ G. Other (Specify) 885 SF Sheetrock
 D. Breeching Insulation _____ Other Friable (Specify) _____
 Other Friable _____ Other Friable (Specify) _____
 Specify 885 SF SHEETROCK WITH JOINT COMPOUND
 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	
3"		0.79	

OD	QTY LF	x CF	SQ FT
(8")			
(other)			
(other)			

H. Pipe Insulation SF _____

NONFRIABLE CATEGORY 1

I. Floor Coverings/Tiles 238 SF Linoleum
 J. Roofing, Specify _____
 K. Packings, Gaskets _____

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 Address Trans Waste Inc. 3 Barker Drive Hauler 2 Address Red Technology, 173 Pickering Street
 Hauler 1 City Wallingford Hauler 2 City Portland
 Hauler 1 State,Zip CT, 06492 Hauler 2 State,Zip CT, 06480
 Hauler 1 Contact 203-269-8300 Hauler 2 Contact 860-342-1022

Hauler 2 Name _____
 Hauler 3 Address _____
 Hauler 3 City _____
 Hauler 3 State,Zip _____
 Hauler 3 Contact _____

15. LANDFILL (list up to 3)

Landfill 1 Name Hakes Landfill Landfill 2 Name Minerva Enterprises
 Landfill 1 Address 4376 Manning Ridge Road Landfill 9000 Minerva S.E
 Landfill 1 City Painted Post Landfill 2 City Waynesburg
 Landfill 1 State, Zip NY, 14870 Landfill 2 State,Zip OH, 44688
 Landfill 1 Contact Bonnie, 607-937-6044 Landfill 2 Contact Steve 330-866-3435

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

Form Prepared by (printed)

Priti Trivedi

Signature

Priti Trivedi