



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

State Use Only

Post Mark 10/31/19
 Check No 3779
 Check Amt \$ 100.00
 Trans 20-274
 Rec # _____

1. TYPE OF NOTIFICATION

- A. New B. Blanket C. Cancellation D. Revised E. Emergency F. Postponed
- Revision # _____ ITEMS REVISED _____

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 Jeff Schroeder
 O_Address 4431 S. King Rd.
 O_City Greer O_Contact Michael Matera
 O_State S.C. O_Zipcode 29651 O_Phone 781 454 5025

4. PROJECT

Name of Facility Residence Laundry Room
 P_Address 23 Pershing St.
 P_City Torrington P_Contact Michael Matera
 P-State CT P_Zipcode 06790 P_Phone 781 454 5025

5A. ABATEMENT START DATE 11-11-19 **5B. ABATEMENT END DATE** 11-15-19

REVISED START _____

REVISED END _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST _____

6A. 1% of TOTAL COST _____

plus \$100 6B. (Notification Fee Due)

\$100

FOR REVISIONS, ADDITIONAL COST _____

Additional 1% Fee Owed _____

Paid to Date _____

7. FACILITY USE

- A. School (K-12) D. Office G. Religious
 B. Public E. College H. Residential
 C. Manufacturing F. Commercial I. Other, Specify

of Units 1
NOV - 4 2019

8. BUILDING DATA

Sq. Ft. 2050 SF Age 1950 Years Number Floors 2

9. CLASSIFICATION

Renovation Demolition Ordered Demo (ATTACH ORDER)

10. TECHNIQUE

- A. Full Containment with Neg Pressure C. Exterior
 B. Alternative Work Practice (pre-approved) D. Spot Repair

11. METHOD

- A. Removal B. Encapsulation C. Enclosure

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 _____

Other Friable SqFt. _____
(SPECIFY) _____

E. Duct Insul _____

F. Ceiling Tiles _____

G. Other (Specify) Other _____

Friable, Specify Other _____

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)

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

OD	QTY LF	x	CF	=	SQ-FT	Conversion Factor
					0	
					0	
					0	

NONFRIABLE CATEGORY 1
SQ FT

SPECIFY TYPE

NONFRIABLE CATEGORY 2
SQ FT

Total Columns 0

H. Pipe Insulation SF

1. Floor Coverings/Tiles ASSO. MASTIC 60SF

J. Roofing, Specify _____

K. Packings, Gaskets _____

Other NF _____

Transite board _____

M. Other NF, Specify _____

N. Other NF, Specify _____

Other NF, Specify _____

List other NF (M) _____

14. HAULER *list up to 3 sites

H1Name Transwaste

H1Address 3 Barker Drive

H1City Wallingford

H1State,Zip CT, 06492

H1Contact _____

H2Name _____

H2Address _____

H2City _____

H2State,Zip _____

H2Contact _____

H3Name _____

H3Address _____

H3City _____

H3State,Zip _____

H3Contact _____

15. WASTE DISPOSAL SITE *list up to 3 sites

L1Name BFI Imperial Landfill

L1Address 11 Boggs Road

L1City Imperial

L1State,Zip PA, 15126

L1Contact _____

L2Name _____

L2Address _____

L2City _____

L2State,Zip _____

L2Contact _____

L3Name _____

L3Address _____

L3City _____

L3State,Zip _____

L3Contact _____

Form Prepared by (printed)

Wally Cimmino

Signature

Wally Cimmino