



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

State Use Only

Post Mark: 11/14/19
 Check No: 5801
 Check Amt: 149.00
 Trans: 30-300
 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: Samuel Mazzarelli
 O_Address: 462 East St. South
 O_City: Goshen O_Contact: Lynn 860 601 5849
 O_State: CT O_Zipcode: 06756 O_Phone: _____

4. PROJECT

Name of Facility: Vacant Residence
 P_Address: 366 Oak Ave
 P_City: Torrington P_Contact: Lynn 860 601 5849
 P_State: CT P_Zipcode: 06790 P_Phone: 860 482 4874

5A. ABATEMENT START DATE 11-27-19 **5B. ABATEMENT END DATE** 12-6-19

REVISED START _____ REVISED END _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST

6A. 1% of TOTAL COST 49.00 plus \$100 6B. (Notification Fee Due) 149.00
 FOR REVISIONS, ADDITIONAL COST 84880 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 15 2019

8. BUILDING DATA

Sq. Ft. 975 SF Age 1930 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 _____
- E. Duct Insul _____
- F. Ceiling Tiles _____
- G. Other (Specify) Other _____
Friable, Specify Other _____
- Other Friable SqFt. joint-compnd sheetok (SPECIFY) 600SF 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 205F
- J. Roofing, Specify _____
- K. Packings, Gaskets 25F
- Other NF _____

Total Columns 0

NONFRIABLE CATEGORY 2 SQ FT SPECIFY TYPE

- L. Transite board _____
- M. Other NF, Specify 9 Wood sashes
- N. Other NF, Specify 15F silver lamp insul.
- Other NF, Specify _____

H. Pipe Insulation SF

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)

Nanny Cimmino

Signature

Nanny Cimmino