



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

State Use Only

Post Mark 12/10/19
 Check No 3594
 Check Amt \$ 100.00
 Trans 20-347
 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 Zero Hazard LLC License # 53.000 5 6 9
 C_Address 38 Pembroke Hill
 C_City Farmington C_Contact Carlos Rosales
 C_State CT C_Zipcode 06032 C_Phone (860) 416-0229

3. FACILITY OWNER

O_Name Don Marsh
 O_Address 82 College Avenue
 O_City Torrington O_Contact Don
 O_State CT O_Zipcode 06790 O_Phone (860) 485-4893

4. PROJECT

Name of Facility _____
 P_Address 82 College Ave.
 P_City Torrington P_Contact Don
 P-State CT P_Zipcode 06790 P_Phone _____

5A. ABATEMENT START DATE 12/20/19 **5B. ABATEMENT END DATE** 12/21/19

REVISED START _____

REVISED END _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST \$2,600.=

6A. 1% of TOTAL COST \$0.= 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 # of Units 1
 C. Manufacturing F. Commercial I. Other, Specify DEC 12 2019

8. BUILDING DATA

Sq. Ft. 1,672 Age 90 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 82 College Ave. CITY/TOWN Torrington

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

FRIABLE MATERIAL (report in square footage)

A. Sprayed/Troweled on _____ E. Duct Insul _____
 B. Boiler Insulation _____ F. Ceiling Tiles _____
 C. Tank Insulation _____ G. Other (Specify) Other _____
 D. Breeching Insulation _____ Friable, Specify Other _____
 Other Friable SqFt. _____ 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

| | | | | | | | | | | | |
|----|--------|---|------|---|--------|----|--------|---|----|---|-------|
| OD | QTY LF | x | CF | = | SQ FT | OD | QTY LF | x | CF | = | SQ FT |
| 4" | 100 LF | x | 1.05 | = | 105 SF | | | x | | = | 0 |
| | | | | | 0 | | | | | | 0 |
| | | | | | 0 | | | | | | 0 |

Total Columns 0 H. Pipe Insulation SF

NONFRIABLE CATEGORY 1 SQ FT SPECIFY TYPE **NONFRIABLE CATEGORY 2** SQ FT SPECIFY TYPE

I. Floor Coverings/Tiles _____ L. Transite board _____
 J. Roofing, Specify _____ M. Other NF, Specify _____
 K. Packings, Gaskets _____ N. Other NF, Specify _____
 Other NF _____ Other NF, Specify _____

List other NF (M) _____

14. HAULER *list up to 3 sites

| | | | |
|-------------|-------------------------|-------------|-------|
| H1Name | <u>Trans Waste Inc.</u> | H2Name | _____ |
| H1Address | <u>3 Barker Drive</u> | H2Address | _____ |
| H1City | <u>Wallingford</u> | H2City | _____ |
| H1State,Zip | <u>CT 06492</u> | H2State,Zip | _____ |
| H1Contact | <u>Cindy</u> | H2Contact | _____ |
| H3Name | _____ | | |
| H3Address | _____ | | |
| H3City | _____ | | |
| H3State,Zip | _____ | | |
| H3Contact | _____ | | |

15. WASTE DISPOSAL SITE *list up to 3 sites

| | | | |
|-------------|----------------------------|-------------|-------|
| L1Name | <u>Minerva Enterprises</u> | L2Name | _____ |
| L1Address | <u>9000 Minerva Road</u> | L2Address | _____ |
| L1City | <u>Waynesburg</u> | L2City | _____ |
| L1State,Zip | <u>OH 44688</u> | L2State,Zip | _____ |
| L1Contact | <u>Jay Clayton</u> | L2Contact | _____ |
| L3Name | _____ | | |
| L3Address | _____ | | |
| L3City | _____ | | |
| L3State,Zip | _____ | | |
| L3Contact | _____ | | |

Form Prepared by (printed)

Carlos Rosales

Signature



Save Form

Clear Form

Print Form