



STATE OF CONNECTICUT

STATE USE ONLY

DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

Post Mark Date	11/7/19
Check #	9672
Amount	\$ 142.00
Transmittal #	20-285
Record #	

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.

1. TYPE OF NOTIFICATION:

A. NEW	<input checked="" type="checkbox"/>	B. BLANKET	<input type="checkbox"/>	C. CANCELLATION / POSTPONED	<input type="checkbox"/>	C	<input type="checkbox"/>	P	<input type="checkbox"/>
D. REVISED	<input type="checkbox"/>	(ITEMS REVISED)	<input type="checkbox"/>	REVISION #	<input type="checkbox"/>				
E. EMERGENCY	<input type="checkbox"/>	DESCRIBE NATURE OF EMERGENCY							

2. ABATEMENT CONTRACTOR:

NAME:	Mount Carmel Construction LLC	LICENSE #	00474		
ADDRESS:	P.O. Box 2098				
CITY:	North Haven	STATE:	CT	ZIP:	06473
PHONE #	203-234-8488	CONTACT PERSON:	Peter Latella		

3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:

NAME:	Dan Monteiro				
ADDRESS:	27 Sylvan Lake Road				
CITY:	Watertown	STATE:	CT	ZIP:	06779
PHONE #	203-704-1720	CONTACT PERSON:	Mike		

4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)

ADDRESS:	27 Sylvan Lake Road				
CITY:	Watertown	STATE:	CT	ZIP:	06779

5.(A) ABATEMENT START DATE:	11/14/19	5.(B) COMPLETION DATE:	11/18/19
<i>Month/Day/Year format</i>		<i>Month/Day/Year format</i>	

(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

Notification Fee Due:	\$100.00 + 1% total asbestos abatement cost	\$142.00
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6. TOTAL ABATEMENT PROJECT COST:	\$4,200.	*REVISED COST (ONLY FOR REVISIONS):	
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7. USE OF FACILITY:

A. SCHOOL (K-12)	<input type="checkbox"/>	B. PUBLIC BUILDING	<input type="checkbox"/>	C. MANUFACTURING	<input type="checkbox"/>	D. OFFICE	<input type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS	<input type="checkbox"/>	X	I. OTHER	<input type="checkbox"/>	
(I. SPECIFY)									

NOV - 8 2019



Phone: (860) 509-7367/ Fax: (860) 509-7378
Telephone Device for the Deaf: (860) 509-7191
410 Capitol Avenue- MS # 51 AIR
PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134
Affirmative Action/ An Equal Opportunity Employer

ADDRESS: 27 Sylvia Lake Rd.
 TOWN: Watertown

BUILDING DATA:

SQUARE FEET: 3161 NUMBER OF FLOORS: 3 AGE: 1910

8. ABATEMENT CLASSIFICATION:

RENOVATION DEMOLITION **ORDERED DEMO (AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER**

9. ABATEMENT TECHNIQUE:

A FULL CONTAINMENT WITH NEGATIVE AIR B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED)

(IF AWP, include) Project Designer & LICENSE # _____

C. EXTERIOR ABATEMENT D. SPOT REPAIR (>25 SQ. FT. TOTAL)

10. ABATEMENT METHOD:

A. REMOVAL B. ENCAPSULATION C. ENCLOSURE

11. TYPE OF DECONTAMINATION SYSTEM:

A. CONTIGUOUS B. REMOTE C. BOTH

12. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)

FRIABLE MATERIAL		NONFRIABLE MATERIAL
A. SPRAYED/TROWELED ON:		Category I
B. BOILER INSULATION:		I. FLOOR COVERINGS/TILES:
C. TANK INSULATION:		J. ROOFING, SPECIFY:
D. BREECHING INSULATION:		K. GASKETS, PACKINGS:
E. DUCT INSULATION:		Category II
F. CEILING TILES:		L. TRANSITE BOARD:
G. OTHER, SPECIFY: <u>Vermiculite - 625 Sq Ft</u>		M. OTHER, SPECIFY:
H. * PIPE INSULATION:		Total Square Feet
(Pipe diameter)"	Multiply LF by CF	= Total Square Feet

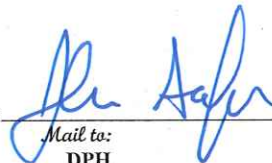
13. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)

NAME:	Minerva Enterprises
ADDRESS:	9000 Minerva Road
CITY, STATE, ZIP:	Waynesburg, OH 44688
OWNER, OPERATOR:	

14. HAULER/ WASTE TRANSPORTER

NAME:	RED Technologies LLC
ADDRESS:	203 Pickering Street
CITY, STATE, ZIP:	Portland, CT 06480

Signature and Title of Person Completing this Form:



Superintendent

Mail to:
 DPH
 ASBESTOS PROGRAM
 410 CAPITOL AVENUE, MS # 51 AIR
 PO BOX 340308
 HARTFORD CT 06134-0308