



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT NOTIFICATION FORM

TOWN: _____

STATE USE ONLY

Post Mark Date	12/5/19
Check #	3292
Amount	\$ 139.50
Transmittal #	20-338
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. Notification fee for up to 160 Square Feet (SF) of asbestos-containing material is \$100, payable to "Treasurer, State of Connecticut". Additional fee of 1% of the abatement cost is due for projects greater than 160 SF. If demolition is to follow abatement, a separate demolition form is not required.

1. TYPE OF NOTIFICATION:	
A NEW <input checked="" type="checkbox"/>	B. BLANKET <input type="checkbox"/> C. CANCELLATION / POSTPONED C _____ P _____
D REVISED <input type="checkbox"/>	(ITEMS REVISED) _____ REVISION # _____ REV DATE _____
E. EMERGENCY <input type="checkbox"/>	DESCRIBE NATURE OF EMERGENCY _____
2. ABATEMENT CONTRACTOR:	
NAME:	Connecticut Asbestos Abatement, LLC LICENSE # 53.000592
ADDRESS:	47 Linden Street
CITY/TOWN:	West Haven STATE: CT ZIP: 06516
PHONE #	(203) 376-7043 CONTACT PERSON: Robert M. Leach
3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:	
NAME:	Holly Scanlon
ADDRESS:	4 Nicollis St
CITY/TOWN:	Oakville (Watertown) STATE: CT ZIP: 06779
PHONE #	203-565-7837 CONTACT PERSON: Holly Scanlon
4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)	
FACILITY NAME:	Holly Scanlon
FACILITY ADDRESS:	4 Nicollis St
FACILITY CITY/TOWN:	Oakville (Watertown) STATE: CT ZIP: 06779
5.(A) ABATEMENT START DATE:	12/16/19 5.(B) COMPLETION DATE: 12/18/19
REVISED START DATE	REVISED COMPLETION DATE
(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET	
6. TOTAL ABATEMENT PROJECT COST:	\$ 3,950.00
NOTIFICATION FEE DUE:	\$100.00 + 1% (X 0.01) TOTAL ABATEMENT COST (#6)= \$ 139.50
*REVISED COST (ONLY FOR REVISIONS):	ADDITIONAL FEE DUE
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 X 1 I. OTHER <input type="checkbox"/>
(I. SPECIFY)	

For NESHAP facilities, the US EPA requires a notification for renovation and demolition activities which 60 linear feet, or 35 cubic feet of ACM, and for demolitions below the threshold for notification including when no asbestos is present.

HAS CONTRACTOR FILED AN EPA NOTIFICATION? YES NO

DEC 6 2019



Phone: (860) 509-7367/ Fax: (860) 509-7378
 Telephone Device for the Deaf: (860) 509-7191
 410 Capitol Avenue- MS # 12 AIR
 PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134
 Affirmative Action/ An Equal Opportunity Employer



8. BUILDING DATA: SQUARE FEET: **1,900** NUMBER OF FLOORS: **2.00** AGE: **1964**

9. ABATEMENT CLASSIFICATION:
 A RENOVIATION B. DEMOLITION C. ORDERED DEMO (AGENCY ISSUING ORDER)
 MUST ATTACH COPY OF DEMO ORDER for ORDERED DEMOLITIONS

10. ABATEMENT TECHNIQUE:
 A. FULL CONTAINMENT WITH NEG. AIR B. ALT. WORK PRACTICE (PRE-APPROVAL REQUIRED)
 (IF AWP, include) PROJECT DESIGNER NAME _____ LICENSE # _____
 C. EXTERIOR ABATEMENT _____ D. SPOT REPAIR (>25 SQ. FT. TOTAL)

11. ABATEMENT METHOD:
 A. REMOVAL: B. ENCAPSULATION C. ENCLOSURE:

12. TYPE OF DECONTAMINATION SYSTEM:
 A. CONTIGUOUS: B. REMOTE C.: BOTH

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

FRIABLE MATERIAL		NONFRIABLE MATERIAL	
A. SPRAYED /TROWELED	_____	Category I	
B. BOILER INSULATION:	_____	I. FLOOR COVERINGS/TILES:	250 SF^a mastic
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:	_____	M. OTHER, SPECIFY:	_____
OTHER FRIABLE	_____	OTHER NF	_____
H. *PIPE INSULATION:	<u>Use conversion table</u>	CUMULATIVE SQ FT	
(Outside Pipe diameter)"	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Enter Up to 3 Sites and 3 Waste Hauler/Transporters

14. WASTE DISPOSAL SITE/S

NAME:	Modern Landfill	Minerva Enterprise	Hakes Landfill
ADDRESS:	4400 Mount Pisgah Road	8955 Minerva Rd SE	4376 Manning Ridge Road
CITY, STATE, ZIP:	York PA 17402	Waynesville OH 44688	Painted Post NY 14870
OWNER, OPERATOR:			

15. HAULER/ WASTE TRANSPORTER

NAME:	Transwaste, Inc	Transwaste, Inc
ADDRESS:	3 Barker Drive	3 Barker Drive
CITY, STATE, ZIP:	Wallingford, CT 06492	Wallingford, CT 06492

Mail Form and Fee to:
**DEPARTMENT OF PUBLIC HEALTH
 ASBESTOS PROGRAM
 410 CAPITOL AVENUE, MS # 12 AIR
 PO BOX 340308
 HARTFORD CT 06134-0308**

Name of Person Filling in Form Robert M. Leach Title Owner
 Signature: *Robert M Leach*