



DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

Town

State Use Only

 Post Mark 11/20/19
 Check No 0415
 Check Amt \$ 130.00
 Trans 20-314
 Rec # _____

 See Instructions on our program website.
 Checks or money orders shall be made payable to "Treasurer, State of Connecticut"
1. TYPE OF NOTIFICATION

- A. New B. Blanket C. Cancellation E. Emergency F. Postponed
 D. Revised Revise # _____ Items Revised _____
 Describe _____
 Emergency _____

2. ABATEMENT CONTRACTOR
 Name A.C.E. Abatement LLC Lic # 53,000 721
 Contractor Address 26 Ancient Highway
 Contractor City Oxford C_Contact Dianne
 Contractor State CT C_Zip 06478 C_Phone 203-218-2728
3. OWNER
 Owner Name Jason Metcalf
 Owner Address 88 Litchfield Road
 Owner City Watertown O_Contact _____
 Owner State CT O_Zip 06795 O_Phone _____
4. PROJECT
 Name of Facility Residence
 Project Address 88 Litchfield Road
 Project City Watertown P_Contact _____
 Project State CT P_Zip 06795 Project Phone _____
5B. PROJECT DATES
 Start Date 12/7/19 5B. End Date 12/8/19

FOR REVISIONS Revised Start _____ Revised End _____

6. (A. and B.) ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER**TOTAL COST**
 6A. 1% of Total Cost 30.00 plus \$100 6B.=(Notification Fee Due) 130.00
 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

8. BUILDING DATA
 Sq. Ft. 4118 Age or year built 1925 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 Repairs
 Name of Project Designer _____ Lic # _____

NOV 21 2019

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 N/A

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 Phone (860) 509-7367 / Fax (860) 509-7378
 410 Capitol Avenue- MS #12AIR PO Box 340308
 Hartford CT 06134-0308


ADDRESS 88 Litchfield Road

CITY/TOWN Watertown

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

FRIABLE MATERIAL (report in square footage)		Square Feet	Specify
	Square Feet		
A. Sprayed/Troweled on	_____	_____	_____
B. Boiler Insulation	_____	_____	_____
C. Tank Insulation	_____	_____	_____
D. Breeching Insulation	_____	_____	_____
E. Duct Insul	_____	_____	_____
F. Ceiling Tiles	_____	_____	_____
G1. Other Friable, Specify G2.	_____	_____	_____
Other Friable, Specify G3.	_____	_____	_____
Other Friable, Specify	_____	_____	_____

PIPE INSULATION: Measure outside diameter (OD) of pipe, multiply the length of pipe (linear feet) times the Conversion Factor (CF) to report total pipe insulation in square feet (add all SF quantities below) List in H.

OD	QTY LF	x	CF	=	SQ FT	OD	QTY LF	x	CF	=	SQ FT	H. Pipe Insulation SF
6	253		1.57		397.21						0	397.21
					0						0	
					0						0	

NONFRIABLE CATEGORY 1	Square Feet	NONFRIABLE CATEGORY 2	Square Feet	Specify
I. Flooring	_____	L. Cementious /Transite	_____	_____
J. Asphalt Roofing	_____	M1. Other Cat 2 NF	_____	_____
K. Packings/Gaskets	_____	M2. Other Cat 2 NF	_____	_____
Other Nonfriable	_____	M3. Other Cat 2 NF	_____	_____

14. HAULER *list up to 3 haulers

Name Hauler 1	RED Technologies	Name Hauler 2	_____
Address Hauler 1	203 Pickering Street	Address Hauler 2	_____
City Hauler 1	Portland	City Hauler 2	_____
State,Zip Hauler 1	CT 06480	State,Zip Hauler 2	_____
Contact Hauler 1	_____	Contact Hauler 2	_____
Name Hauler 3	_____		
Address Hauler 3	_____		
City Hauler 3	_____		
State,Zip Hauler 3	_____		
Contact Hauler 3	_____		

15. WASTE DISPOSAL SITE *list up to 3 sites

Landfill 1 Name	Minerva Enterprises	Name Landfill 2	_____
Landfill 1 Address	9000 Minerva Road	Address Landfill 2	_____
Landfill 1 City	Waynesburg	City Landfill 2	_____
Landfill 1 State,Zip	OH 44688	State,Zip Landfill 2	_____
Landfill 1 Contact	_____	Contact Landfill 2	_____
Landfill 3 Name	_____		
Landfill 3 Address	_____		
Landfill 3 City	_____		
Landfill 3 State, Zip	_____		
Landfill 3 Contact	_____		

Form Prepared by (printed)
 Dianne L'Altrella

 Signature