



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

State Use Only

Post Mark 11/4/19
 Check No 0923
 Check Amt \$ 129.55
 Trans 20-278
 Rec # _____

1. TYPE OF NOTIFICATION

- A. New C. Cancellation D. Revised E. Emergency F. Postponed
 B. Blanket Revision # _____ ITEMS REVISED _____

Explain Emergency _____

2. ABATEMENT CONTRACTOR

C_Name American Solutions LLC License # 53.000 7 9 1
 C_Address 40 Warren Drive
 C_City East Hartford C_Contact Nichole Castellon
 C_State CT C_Zipcode 06118 C_Phone (860) 713-4411

3. FACILITY OWNER

O_Name Gail Sangree
 O_Address 895 Northfield Rd
 O_City Watertown O_Contact Gail Sangree
 O_State CT O_Zipcode 06795 O_Phone (860) 274-4268

4. PROJECT

Name of Facility Sangree Residence
 P_Address 895 Northfield Rd
 P_City Watertown P_Contact Gail Sangree
 P-State CT P_Zipcode 06795 P_Phone (860) 274-4268

5A. ABATEMENT START DATE 11/25/19 **5B. ABATEMENT END DATE** 11/26/19

REVISED START _____

REVISED END _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST \$ 2,955.00

6A. 1% of TOTAL COST \$ 29.55 plus \$100 6B.=(Notification Fee Due) \$ 129.55

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. 2,995 Age 1,929 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

NOV - 5 2019

ADDRESS 895 Northfield Rd

CITY/TOWN Watertown

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
Friable, Specify

Other Friable SqFt. (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

Table with columns: OD, QTY LF, x, CF, =, SQ FT. Includes numerical entries like 6, 103, 1.57, 162 and zeros.

NONFRIABLE CATEGORY 1

- I. Floor Coverings/Tiles
J. Roofing, Specify
K. Packings, Gaskets
Other NF

Total Columns 162
NONFRIABLE CATEGORY 2
SQ FT SPECIFY TYPE

- L. Transite board
M. Other NF, Specify
N. Other NF, Specify
Other NF, Specify

List other NF (M)

14. HAULER *list up to 3 sites

Form for listing hauler sites with fields for H1Name, H1Address, H1City, H1State,Zip, H1Contact, H2Name, H2Address, H2City, H2State,Zip, H2Contact, H3Name, H3Address, H3City, H3State,Zip, H3Contact.

15. WASTE DISPOSAL SITE *list up to 3 sites

Form for listing waste disposal sites with fields for L1Name, L1Address, L1City, L1State,Zip, L1Contact, L2Name, L2Address, L2City, L2State,Zip, L2Contact, L3Name, L3Address, L3City, L3State,Zip, L3Contact.

Form Prepared by (printed)

Nichole Castellon

Signature

Nichole Castellon