



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

FOR STATE USE

Return Completed Form and Fee to: DPH, 410 Capitol Ave, MS 12 AIR
P O Box 340308 Hartford, CT 06134-0308

Post Mark Date	11/19/19
Check No.	11141
Check Amount \$	100.00
Transmittal No.	26-309
Record ID	

1. TYPE OF NOTIFICATION

A. NEW B. BLANKET C. CANCELATION D. REVISED E. EMERGENCY F. POSTPONED

REVISION # _____ ITEMS REVISED _____

Describe Emergency _____

2. ABATEMENT CONTRACTOR

ACCURATE INSULATION LLC LICENSE # 000008

CONTR_ADDRESS 33A STAFFORD AVENUE
CONTR_CITY BRISTOL C_CONTACT Jeff Gatzuras
CONTR_STATE CT C_PHONE 860-584-2146
C_ZIP 06010

3. FACILITY OWNER NAME

Camp Wahnee Assoc. Inc.

OWNER_ADDRESS 128 Wahnee Road
OWNER_CITY Winchester OWNER_CONTACT Garry Heller
OWNER_STATE CT OWNER_PHONE 516-946-4246
OWNER-ZIP 06790

4. PROJECT ADDRESS (NAME)

Cabin

ADDRESS 2 132 Wahnee Road
PROJECT CITY Winchester
PROJECT STATE CT PROJECT_ZIP 06790 PROJECT_CONTACT Garry Heller

5A. ABATEMENT START DATE

12/5/2019

5B. ABATEMENT END DATE

12/6/2019

REVISED START _____ REVISED END _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST _____

6A. 1% of TOTAL COST 0.00 plus \$100 100.00 (Notification Fee Due)

6B. FOR REVISIONS, ADDITIONAL COST _____ ADDITIONAL 1% FEE _____ TOTAL PAID to date \$0.00

7. USE OF FACILITY

A. SCHOOL D. OFFICE G. RELIGIOUS
 B. PUBLIC E. COLLEGE H. RESIDENTIAL, # UNITS
 C. MANUFACTURING F. COMMERCIAL I. OTHER, SPECIFY Cabin

8. BUILDING DATA

SQ FT 1,438 AGE 39 NUMBER OF FLOORS 1

9. ABATEMENT CLASSIFICATION

RENOVATION DEMOLITION ORDERED DEMOLITION

(ATTACH ORDER OF DEMOLITION)

10. ABATEMENT TECHNIQUE

A. FULL CONTAINMENT WITH NEG AIR B. ALTERNATIVE WORK PRACTICE

If AWP, Name of Project Designer _____ PD Lic # _____

C. EXTERIOR ABATEMENT D. SPOT REPAIR (>25 SF)

11. ABATEMENT METHOD

12. TYPE OF DECONTAMINATION SYSTEM

A. REMOVAL A. CONTIGUOUS
 B. ENCAPSULATION B. REMOTE
 C. ENCLOSURE C. BOTH

Has contractor provided EPA with a ten day or emergency notification ? YES NO



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

NOV 20 2019



ADDRESS _____ CITY/TOWN _____

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) _____
 D. Breeching Insulation _____ Other Friable (Specify) _____
 Other Friable Sink undercoat 2 sq. ft. Other 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 (*CF)

OD	QTY LF	x CF	SQ FT
1"		0.26	0
2"		0.52	0
3"		0.79	0

Total Column 1 0

OD	QTY LF	x CF	SQ FT
			0
			0
			0

Total Column 2 0

H. Pipe Insulation SF

0

NONFRIABLE CATEGORY 1

I. Floor Coverings/Tiles **40 sq. ft.** _____
 J. Roofing, Specify _____
 K. Packings, Gaskets _____
 Other NF _____

NONFRIABLE CATEGORY 2

L. Transite board _____
 M. Other Nonfriable _____
 N. Other NF, Specify _____
 Other NF, Specify _____

14. WASTE HAULER (list up to 3)

Hauler 1 Name	TRANS WASTE, INC	Hauler 2 Name	PATTERSON ENTERPRISED, LLC
Hauler 1 Address	3 BARKER ROAD	Hauler 2 Address	PO BOX 9697 550 BROAD STREET
Hauler 1 City	WALLINGFORD	Hauler 2 City	FORESTVILLE
Hauler 1 State,Zip	CT, 06492	Hauler 2 State,Zip	CT. 06010
Hauler 1 Contact	JOHN BERRY	Hauler 2 Contact	MICHAEL PATTERSON
Hauler 3 Name	_____		
Hauler 3 Address	_____		
Hauler 3 City	_____		
Hauler 3 State,Zip	_____		
Hauler 3 Contact	_____		

15. LANDFILL (list up to 3)

Landfill 1 Name	MODERN LANDFILL	Landfill 2 Name	MINERVA ENTERPRISES
Landfill 1 Address	4400 MOUNT PISGAH ROAD	Landfill 2 Address	9000 NINERVA S. E.
Landfill 1 City	YORK	Landfill 2 City	WAYNESBURY
Landfill 1 State,Zip	PA, 17402	Landfill 2 State,Zip	OH, 44688
Landfill 1 Contact	REPUBLIC INSUSTIERS	Landfill 2 Contact	FRANK SEUSANO
Landfill 3 Name	Turnkey Landfill		
Landfill 3 Address	90 Rochester Neck		
Landfill 3 City	Rochester		
Landfill 3 State,Zip	New Hampshire, 03839		
Landfill 3 Contact	_____		

Form Prepared by (printed)

Brenda Lango

Signature

Title