



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

TOWN: \_\_\_\_\_

### STATE USE ONLY

|                |          |
|----------------|----------|
| Post Mark Date | _____    |
| Check #        | _____    |
| Amount         | \$ _____ |
| Transmittal #  | _____    |
| 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.

|  |  |
|--|--|
| <b>1. TYPE OF NOTIFICATION:</b>  |  |
| A NEW _____  | B. BLANKET _____ C. CANCELLATION / POSTPONED C _____ P _____                     |
| D REVISED _____  | (ITEMS REVISED) _____ REVISION # _____ REV DATE _____                            |
| E. EMERGENCY _____   | DESCRIBE NATURE OF EMERGENCY _____   |
| <b>2. ABATEMENT CONTRACTOR:</b>  |  |
| NAME: _____  | LICENSE # _____  |
| ADDRESS: _____   |  |
| CITY/TOWN: _____   | STATE: _____ ZIP: _____  |
| PHONE # _____  | CONTACT PERSON: _____  |
| <b>3. FACILITY (OWNER'S NAME) OWNER/OPERATOR:</b>                                    |  |
| NAME: _____  |  |
| ADDRESS: _____   |  |
| CITY/TOWN: _____   | STATE: _____ ZIP: _____  |
| PHONE # _____  | CONTACT PERSON: _____  |
| <b>4. NAME OF FACILITY:(FILL IN ADDRESS WHERE ABATEMENT PROJECT IS LOCATED)</b>      |  |
| FACILITY NAME: _____   |  |
| FACILITY ADDRESS: _____  |  |
| FACILITY CITY/TOWN: _____  | STATE: _____ ZIP: _____  |
| <b>5.(A) ABATEMENT START DATE:</b> _____   | <b>5.(B) COMPLETION DATE:</b> _____  |
| <b>REVISED START DATE</b> _____  | <b>REVISED COMPLETION DATE</b> _____   |
| <b>(#6 only) TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET</b>          |  |
| <b>6. TOTAL ABATEMENT PROJECT COST:</b> _____  |  |
| NOTIFICATION FEE DUE: <b>\$100.00 + 1% (X 0.01) TOTAL ABATEMENT COST (#6)=</b> _____ |  |
| <b>*REVISED COST (ONLY FOR REVISIONS):</b> _____                                     | <b>ADDITIONAL FEE DUE</b> _____  |
| <b>7. USE OF FACILITY:</b>   |  |
| A. SCHOOL (K-12) _____   | B. PUBLIC BUILDING _____ C. MANUFACTURING _____ D. OFFICE _____ E. COLLEGE _____ |
| F. COMMERCIAL _____  | G. CHURCH/SYNAGOGUE _____ H. RESIDENTIAL, # OF DWELLINGS _____ I. OTHER _____    |
| <b>(I. SPECIFY)</b> _____  |  |

**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 ☐



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*



|  |  |   |  |  |  |            |  |
|--|--|---|--|--|--|------------|--|
| <b>8. BUILDING DATA:</b>   |  | SQUARE FEET: _____                                  |  | NUMBER OF FLOORS: _____                      |  | AGE: _____ |  |
| <b>9. ABATEMENT CLASSIFICATION:</b>  |  |   |  |  |  |            |  |
| A. RENOVATION _____  |  | B. DEMOLITION _____                                 |  | C. ORDERED DEMO (AGENCY ISSUING ORDER) _____ |  |            |  |
| <i>MUST ATTACH COPY OF DEMO ORDER for ORDERED DEMOLITIONS</i>                  |  |   |  |  |  |            |  |
| <b>10. ABATEMENT TECHNIQUE:</b>  |  |   |  |  |  |            |  |
| 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) _____            |  |  |  |            |  |
| <b>11. ABATEMENT METHOD:</b>   |  |   |  |  |  |            |  |
| A. REMOVAL: _____  |  | B. ENCAPSULATION _____                              |  | C. ENCLOSURE: _____                          |  |            |  |
| <b>12. TYPE OF DECONTAMINATION SYSTEM:</b>                                     |  |   |  |  |  |            |  |
| A. CONTIGUOUS: _____   |  | B. REMOTE _____                                     |  | C.: BOTH _____                               |  |            |  |
| <b>13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)</b> |  |   |  |  |  |            |  |
| FRIABLE MATERIAL   |  |   |  | NONFRIABLE MATERIAL                          |  |            |  |
| A. SPRAYED /TROWELED _____   |  |   |  | <b>Category I</b>                            |  |            |  |
| B. BOILER INSULATION: _____  |  |   |  | I. FLOOR COVERINGS/TILES: _____              |  |            |  |
| C. TANK INSULATION: _____  |  |   |  | J. ROOFING, SPECIFY: _____                   |  |            |  |
| D. BREECHING INSULATION: _____   |  |   |  | K. GASKETS, PACKINGS: _____                  |  |            |  |
| E. DUCT INSULATION: _____  |  |   |  | <b>Category II</b>                           |  |            |  |
| F. CEILING TILES: _____  |  |   |  | L. TRANSITE BOARD: _____                     |  |            |  |
| G. OTHER, SPECIFY: _____   |  |   |  | M. OTHER, SPECIFY: _____                     |  |            |  |
| OTHER FRIABLE _____  |  |   |  | OTHER NF _____                               |  |            |  |
| H. *PIPE INSULATION: _____   |  | <a href="#">Use conversion table</a>                |  | <b>CUMULATIVE SQ FT</b>                      |  |            |  |
| (Outside Pipe diameter)"   |  | Multiply LF by Conversion Factor                    |  | = Total Square Feet                          |  |            |  |
| *  |  |   |  |  |  |            |  |
| *  |  |   |  |  |  |            |  |
| *  |  |   |  |  |  |            |  |
| *  |  |   |  |  |  |            |  |
| <i>Enter Up to 3 Sites and 3 Waste Hauler/Transporters</i>                     |  |   |  |  |  |            |  |
| <b>14. WASTE DISPOSAL SITE/S</b>   |  |   |  |  |  |            |  |
| NAME: _____  |  |   |  |  |  |            |  |
| ADDRESS: _____   |  |   |  |  |  |            |  |
| CITY, STATE, ZIP: _____  |  |   |  |  |  |            |  |
| OWNER, OPERATOR: _____   |  |   |  |  |  |            |  |
| <b>15. HAULER/ WASTE TRANSPORTER</b>   |  |   |  |  |  |            |  |
| NAME: _____  |  |   |  |  |  |            |  |
| ADDRESS: _____   |  |   |  |  |  |            |  |
| CITY, STATE, ZIP: _____  |  |   |  |  |  |            |  |

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 \_\_\_\_\_

Title \_\_\_\_\_

Signature: \_\_\_\_\_