STATE OF CONNECTICUT
DEPARMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use Only

Post Mark _____
Check No _____
Check Amt _____
Trans _____
Rec # _____

1. TYPE OF NOTIFICATION

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

Explain Emergency _____

2. ABATEMENT CONTRACTOR

C_Name _____ License # 53. 0 0 0

C_Address _____

C_City _____ C_Contact _____

C_State _____ C_Zipcode _____ C_Phone _____

3. FACILITY OWNER

O_Name _____

O_Address _____

O_City _____ O_Contact _____

O_State _____ O_Zipcode _____ O_Phone _____

4. PROJECT

Name of Facility _____

P_Address _____

P_City _____ P_Contact _____

P-State CT P_Zipcode _____ P_Phone _____

5A. ABATEMENT START DATE **5B. ABATEMENT END DATE**

REVISED START _____ **REVISED END** _____

6. ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER **TOTAL COST** _____

6A. 1% of TOTAL COST _____ plus $100 **6B.**=(Notification Fee Due) _____

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 ☐
C. Manufacturing ☐ F. Commercial ☐ I. Other, Specify ☐

# of Units _____

8. BUILDING DATA Sq. Ft. _____ Age _____ Years Number Floors _____

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** ☐

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

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) Other _____
D. Breeching Insulation _____ Friable, Specify Other _____
Other Friable SqFt. _____ 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

OD	QTY LF	x	CF	=	SQ FT	OD	QTY LF	x	CF	=	SQ FT
					0						

NONFRIABLE CATEGORY 1 SQ FT SPECIFY TYPE

Total Columns 0

NONFRIABLE CATEGORY 2 SQ FT SPECIFY TYPE

H. Pipe Insulation SF

I. Floor Coverings/Tiles _____ L. Transite board _____
J. Roofing, Specify _____ M. Other NF, Specify _____
K. Packings, Gaskets _____ N. Other NF, Specify _____
Other NF _____ Other NF, Specify _____

List other NF (M) _____

14. HAULER *list up to 3 sites

H1Name _____ H2Name _____
H1Address _____ H2Address _____
H1City _____ H2City _____
H1State,Zip _____ H2State,Zip _____
H1Contact _____ H2Contact _____

H3Name _____
H3Address _____
H3City _____
H3State,Zip _____
H3Contact _____

15. WASTE DISPOSAL SITE *list up to 3 sites

L1Name _____ L2Name _____
L1Address _____ L2Address _____
L1City _____ L2City _____
L1State,Zip _____ L2State,Zip _____
L1Contact _____ L2Contact _____

L3Name _____
L3Address _____
L3City _____
L3State,Zip _____
L3Contact _____

Form Prepared by (printed) _____

Signature _____

Save Form Clear Form Print Form