STATE OF CONNECTICUT
DEPARMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

Town

State Use Only

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

See Instructions on our program website.
Checks made payable to "Treasurer, State of Connecticut"

1. TYPE OF NOTIFICATION

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

Explain Emergency _____

2. ABATEMENT CONTRACTOR

Contractor_ Name _____ License # 53.000 _____
Contractor_Address _____
Contractor_City _____ C_Contact _____
Contractor_State _____ C_Zipcode _____ C_Phone _____

3. FACILITY OWNER

Owner_Name _____
Owner_Address _____
Owner_City _____ O_Contact _____
Owner_State _____ O_Zipcode _____ O_Phone _____

4. PROJECT

Name of Facility _____
Project_Address _____
Project_City _____ P_Contact _____
Project State CT Project_Zipcode _____ Project_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 ☐ # of Units _____
C. Manufacturing ☐ F. Commercial ☐ I. Other, Specify ☐ _____

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

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 _____
B. Boiler Insulation _____
C. Tank Insulation _____
D. Breeching Insulation _____
Other Friable SqFt. _____
(SPECIFY) _____

E. Duct Insul _____
F. Ceiling Tiles _____
G. Other (Specify) Other _____
Friable, Specify Other _____
Friable, 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
					0
					0
					0

OD	QTY LF	x	CF	=	SQ FT
					0
					0
					0

Total Columns 0

NONFRIABLE CATEGORY 1 SQ FT SPECIFY TYPE

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

NONFRIABLE CATEGORY 2 SQ FT SPECIFY TYPE

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

H. Pipe Insulation SF

List other NF (M) _____

14. HAULER *list up to 3 haulers

Hauler 1 Name _____
Hauler 1 Address _____
Hauler 1 City _____
Hauler 1State,Zip _____
Hauler 1 Contact _____

Hauler 2 Name _____
Hauler 2 Address _____
Hauler 2 City _____
Hauler 2 State,Zip _____
Hauler 2 Contact _____

Hauler 3 Name _____
Hauler 3 Address _____
Hauler 3 City _____
Hauler 3 State,Zip _____
Hauler 3 Contact _____

15. WASTE DISPOSAL SITE *list up to 3 sites

Landfill 1 Name _____
Landfill 1 Address _____
Landfill 1 City _____
Landfill 1 State,Zip _____
Landfill 1Contact _____

Landfill 2 Name _____
Landfill 2 Address _____
Landfill 2 City _____
Landfill 2 State,Zip _____
Landfill 2 Contact _____

Landfill 3 Name _____
Landfill 3 Address _____
Landfill 3 City _____
Landfill 3 State, Zip _____
Landfill 3 Contact _____

Form Prepared by (printed) _____

Signature _____

Save Form Clear Form Print Form