



DEPARTMENT OF PUBLIC HEALTH ASBESTOS ABATEMENT NOTIFICATION FORM

Town _____

State Use Only

See Instructions on our program website.
Checks or money orders shall be made payable to "Treasurer, State of Connecticut"

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

1. TYPE OF NOTIFICATION

A. New B. Blanket C. Cancellation E. Emergency F. Postponed
D. Revised
Describe
Emergency

2. ABATEMENT CONTRACTOR

Name _____ Lic # 53.000
Contractor Address _____
Contractor City _____ C_Contact _____
Contractor State _____ C_Zip _____ C_Phone _____

3. OWNER

Owner Name _____
Owner_Address _____
Owner_City _____ O_Contact _____
Owner State _____ O_Zip _____ O_Phone _____

4. PROJECT

Name of Facility _____
Project_Address _____
Project_City _____ P_Contact _____
Project State _____ CT P_Zip _____ Project_Phone _____

5B. PROJECT DATES

Start Date _____ 5B. End Date _____
FOR REVISIONS Revised Start _____ Revised End _____

6. (A. and B.) 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 # of Units _____
B. Public E. College H. Residential
C. Manufacturing F. Commercial I. Other, Specify _____

8. BUILDING DATA

Sq. Ft. _____ Age or year built _____ 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 Repairs

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

N/A



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)**

Square Feet

Square Feet

Specify

A. Sprayed/Troweled on _____

B. Boiler Insulation _____

C. Tank Insulation _____

D. Breeching Insulation _____

E. Duct Insul _____

F. Ceiling Tiles _____

G1. Other Friable, Specify G2. _____

Other Friable, Specify G3. _____

Other Friable, Specify _____

PIPE INSULATION: Measure outside diameter (OD) of pipe, multiply the length of pipe (linear feet) times the Conversion Factor (CF) to report total pipe insulation in square feet (add all SF quantities below) List in H.

OD QTY LF x CF = SQ FT

OD QTY LF x CF = SQ FT

H. Pipe Insulation SF

NONFRIABLE CATEGORY 1

Square Feet

NONFRIABLE CATEGORY 2

Square Feet

Specify

I. Flooring _____

J. Asphalt Roofing _____

K. Packings/Gaskets _____

Other Nonfriable _____

L. Cementious /Transite _____

M1. Other Cat 2 NF _____

M2. Other Cat 2 NF _____

M3. Other Cat 2 NF _____

14. HAULER *list up to 3 haulers _____

Name Hauler 1 _____

Address Hauler 1 _____

City Hauler 1 _____

State,Zip Hauler 1 _____

Contact Hauler 1 _____

Name Hauler 2 _____

Address Hauler 2 _____

City Hauler 2 _____

State,Zip Hauler 2 _____

Contact Hauler 2 _____

Name Hauler 3 _____

Address Hauler 3 _____

City Hauler 3 _____

State,Zip Hauler 3 _____

Contact Hauler 3 _____

15. WASTE DISPOSAL SITE *list up to 3 sites _____

Landfill 1 Name _____

Landfill 1 Address _____

Landfill 1 City _____

Landfill 1 State,Zip _____

Landfill 1Contact _____

Name Landfill 2 _____

Address Landfill 2 _____

City Landfill 2 _____

State,Zip Landfill 2 _____

Contact Landfill 2 _____

Landfill 3 Name _____

Landfill 3 Address _____

Landfill 3 City _____

Landfill 3 State, Zip _____

Landfill 3 Contact _____

Form Prepared by (printed)**Signature**