

ADDRESS: _____
TOWN: _____

8. BUILDING DATA:

SQUARE FEET: _____ NUMBER OF FLOORS: _____ AGE: _____

9. ABATEMENT CLASSIFICATION:

RENOVATION _____ DEMOLITION _____
 ORDERED DEMO (AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER

10. ABATEMENT TECHNIQUE:

A. FULL CONTAINMENT WITH NEGATIVE AIR _____ B. ALTERNATIVE WORK PRACTICE (PRE-APPROVAL REQUIRED) _____
 (IF AWP, include) Project Designer & LICENSE # _____

C. EXTERIOR ABATEMENT _____ D. SPOT REPAIR (>25 SQ. FT. TOTAL) _____

11. ABATEMENT METHOD:

A. REMOVAL _____ B. ENCAPSULATION _____ C. ENCLOSURE _____

12. TYPE OF DECONTAMINATION SYSTEM:

A. CONTIGUOUS _____ B. REMOTE _____ C. BOTH _____

13. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED: (REPORTED IN SQUARE FEET)

FRIABLE MATERIAL		NONFRIABLE MATERIAL	
A. SPRAYED /TROWELED ON:	_____	Category I	
B. BOILER INSULATION:	_____	I. FLOOR COVERINGS/TILES:	_____
C. TANK INSULATION:	_____	J. ROOFING, SPECIFY:	_____
D. BREECHING INSULATION:	_____	K. GASKETS, PACKINGS:	_____
E. DUCT INSULATION:	_____	Category II	
F. CEILING TILES:	_____	L. TRANSITE BOARD:	_____
G. OTHER, SPECIFY:	_____	M. OTHER, SPECIFY:	_____
H.* PIPE INSULATION:	<u>Use conversion table</u>	Total Square Feet	_____
(Pipe diameter)"	Multiply LF by CF	= Total Square Feet	_____

14. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)

NAME:	_____
ADDRESS:	_____
CITY, STATE, ZIP:	_____
OWNER, OPERATOR:	_____

15. HAULER/ WASTE TRANSPORTER

NAME:	_____
ADDRESS:	_____
CITY, STATE, ZIP:	_____

Signature and Title of Person Completing this Form: _____

Mail to:
 DPH
 ASBESTOS PROGRAM
 410 CAPITOL AVENUE, MS#12AIR
 PO BOX 340308
 HARTFORD CT 06134-0308