



DEPARTMENT 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 or money orders shall be made payable to "Treasurer, State of Connecticut"

Please contact (860) 509-7367 or email DPH.Asbestos@ct.gov for questions

1. TYPE OF NOTIFICATION

A. New B. Blanket C. Cancellation E. Emergency F. Postponed

D. Revised Revise # _____ Items 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 _____

5. PROJECT DATES

5A. Start Date _____ 5B. End Date _____

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

6. (A. and B.) ONLY FOR PROJECTS OF 160 SQUARE FEET OR GREATER

TOTAL COST _____

6A. 1% of Total Cost \$ 0.00 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 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

CT DPH

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Mail Completed Form to: **410 Capitol Avenue**
MS #12 AIR 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	Specify
	Square Feet		
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
_____	_____		_____		0	_____	_____		_____		0	0
_____	_____		_____		0	_____	_____		_____		0	_____
_____	_____		_____		0	_____	_____		_____		0	_____

NONFRIABLE CATEGORY 1		Square Feet	NONFRIABLE CATEGORY 2		Square Feet	Specify
I. Flooring	_____	_____	L. Cementious /Transite	_____	_____	_____
J. Asphalt Roofing	_____	_____	M1. Other Cat 2 NF	_____	_____	_____
K. Packings/Gaskets	_____	_____	M2. Other Cat 2 NF	_____	_____	_____
Other Nonfriable	_____	_____	M3. Other Cat 2 NF	_____	_____	_____

14. HAULER *list up to 3 haulers

Name Hauler 1	_____	Name Hauler 2	_____
Address Hauler 1	_____	Address Hauler 2	_____
City Hauler 1	_____	City Hauler 2	_____
State, Zip Hauler 1	_____	State, Zip Hauler 2	_____
Contact Hauler 1	_____	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	_____	Name Landfill 2	_____
Landfill 1 Address	_____	Address Landfill 2	_____
Landfill 1 City	_____	City Landfill 2	_____
Landfill 1 State, Zip	_____	State, Zip Landfill 2	_____
Landfill 1 Contact	_____	Contact Landfill 2	_____
Landfill 3 Name	_____		
Landfill 3 Address	_____		
Landfill 3 City	_____		
Landfill 3 State, Zip	_____		
Landfill 3 Contact	_____		

Form Prepared by (printed)

Signature