



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

ASBESTOS ABATEMENT NOTIFICATION FORM

FOR STATE USE ONLY

Postmark Date	
Check #	
Amount Paid	
Transmittal #	
Record No.	

This form is to be completed and postmarked or hand delivered to the Connecticut Department of Public Health at least ten (10) days prior to the start of asbestos abatement, as required by the Regulations of Connecticut State Agencies, Section 19a-332a-3. In case of an emergency, this form is to be completed and postmarked within one (1) working day following the start of asbestos abatement. Faxed originals are not acceptable. Revisions may be faxed unless an additional fee payment is due.

1. NOTIFICATION TYPE	NEW <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>	REVISED AND REVISION # <input type="checkbox"/>	
IF REVISED, NOTE ITEMS REVISED				
IF EMERGENCY, DESCRIBE NATURE				
2. ABATEMENT CONTRACTOR				
NAME			LICENS	000
ADDRESS				
CITY		STATE		ZIP
PHONE #	CONTACT PERSON			
3. FACILITY OWNER OR OPERATOR				
NAME				
ADDRESS				
CITY		STATE		ZIP
PHONE #	CONTACT PERSON			
4. ADDRESS OF ABATEMENT PROJECT				
ADDRESS				
CITY		STATE		ZIP
5. PROJECT DATES				
START DATE	<i>Month/Day/Year</i>		COMPLETION DATE	<i>Month/Day/Year</i>
6. PROJECT COSTS AND FEES				
TOTAL ABATEMENT PROJECT COST			\$50.00 (+ 1% total asbestos abatement cost for projects >160 sq. ft)	
REVISED COST (ONLY FOR REVISIONS)				
NOTIFICATION FEE DUE			IF REVISED COST, ADDITIONAL FEE DUE	
7. USE OF FACILITY				
SCHOOL (K-12) <input type="checkbox"/>	PUBLIC BUILDING <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	OFFICE <input type="checkbox"/>	COLLEGE <input type="checkbox"/>
COMMERCIAL <input type="checkbox"/>	CHURCH/SYNAGOGUE <input type="checkbox"/>	RESIDENTIAL, # OF DWELLINGS <input type="checkbox"/>	OTHER <input type="checkbox"/>	
DESCRIBE OTHER				



Phone: (860) 509-7367/ Fax: (860) 509-7378
 Telephone Device for the Deaf: (860) 509-7191
 410 Capitol Avenue- MS # 51 AIR
 PO Box 340308 Hartford CT 06134-0308 Hartford CT 06134
Affirmative Action/ An Equal Opportunity Employer

8. BUILDING DATA					
SQUARE FEET:	<input type="text"/>	NUMBER OF FLOORS:	<input type="text"/>	AGE:	<input type="text"/>
9. ABATEMENT CLASSIFICATION					
A. RENOVATION	<input type="checkbox"/>	B: DEMOLITION	<input type="checkbox"/>	C: ORDERED DEMO	<input type="checkbox"/>
(AGENCY ISSUING ORDER) <i>MUST ATTACH COPY OF DEMO ORDER</i>					
10. ABATEMENT TECHNIQUE					
FULL CONTAINMENT WITH NEGATIVE AIR	<input type="checkbox"/>	EXTERIOR	<input type="checkbox"/>	SPOT REPAIR (>25 SQ. FT. TOTAL)	<input type="checkbox"/>
ALTERNATIVE WORK PRACTICE (MUST BE PREAPPROVED)	<input type="checkbox"/>	PROJECT DESIGNER & LICENSE #	<input type="text"/>		
11. ABATEMENT METHOD & TYPE OF DECONTAMINATION SYSTEM					
REMOVAL	<input type="checkbox"/>	ENCAPSULATION	<input type="checkbox"/>	ENCLOSURE	<input type="checkbox"/>
				CONTIGUOUS	<input type="checkbox"/>
				REMOTE	<input type="checkbox"/>
				BOTH	<input type="checkbox"/>
12. TYPE AND AMOUNT OF ASBESTOS TO BE ABATED (SQURE FEET)					
FRIABLE MATERIAL			NONFRIABLE MATERIAL		
A.	SPRAYED /TROWELED ON:	<input type="text"/>	<i>Category I</i>		
B.	BOILER INSULATION:	<input type="text"/>	I.	FLOOR COVERINGS/TILES:	<input type="text"/>
C.	TANK INSULATION:	<input type="text"/>	J.	ROOFING, SPECIFY:	<input type="text"/>
D.	BREECHING INSULATION:	<input type="text"/>	K.	GASKETS, PACKINGS:	<input type="text"/>
E.	DUCT INSULATION:	<input type="text"/>	<i>Category II</i>		
F.	CEILING TILES:	<input type="text"/>	L.	TRANSITE BOARD:	<input type="text"/>
G.	OTHER, SPECIFY:	<input type="text"/>	M.	OTHER, SPECIFY:	<input type="text"/>
H.*	PIPE INSULATION	<input type="text"/>	Total Square Feet		<input type="text"/>
* FOR PIPE INSULATION, SEE NOTIFICATION CONVERSION TABLE TO CONVERT LINEAR FEET TO SQUARE FEET					
	<i>(Pipe diameter)</i> 2"	<i>Multiply LF by CF</i> 120 x .52 (CF)	=	<i>Total Sq. Ft.</i> 62	
			=		
			=		
			=		
13. WASTE DISPOSAL SITE (IF MULTIPLE SITES, LIST SEPARATELY)					
NAME	<input type="text"/>				
ADDRESS	<input type="text"/>				
CITY, STATE, ZIP	<input type="text"/>				
OWNER, OPERATOR	<input type="text"/>				
14. HAULER/WASTE TRANSPORTER					
NAME	<input type="text"/>				
ADDRESS	<input type="text"/>				
CITY, STATE, ZIP	<input type="text"/>				
SIGNATURE OF PERSON COMPLETING THIS FORM					
TITLE	<input type="text"/>				
MAIL COMPLETED FORM TO:			DEPARTMENT OF PUBLIC HEALTH - EHS 410 CAPITOL AVE, MS# 51 AIR PO BOX 340308 HARTFORD, CT 06134-0308		