



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
ASBESTOS ABATEMENT NOTIFICATION FORM

State Use

Post Mark or Delivery date:	
Check #	
Amount	
Record #	

This form is to be completed, postmarked and filed with the Connecticut Department of Public Health 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 emergency notifications, this form is to be completed and postmarked within one working day following asbestos abatement. The U.S. EPA may require notification of abatement or demolition, as per 40 CFR, Part 61, the asbestos NESHAP regulation.

Mail to:
Connecticut DPH
Division of Environmental Health
Indoor Air Program
410 Capitol Avenue, MS 51 AIR
PO Box 340308
Hartford, CT 06134-0308

(fill in or circle each item)

Connecticut License # _____

1. Type of Notification:

A. NEW	D. REVISED	Items Revised	Revision #
B. BLANKET	E. EMERGENCY, describe		
C. CANCELLATION			

2.

Name of Abatement Contractor:			
Address:			
City	State	Zip	
Phone #	Contact person		

3.

Facility owner/operator:			
Address:			
City	State	Zip	
Phone #	Contact person		

4. (if same as #3, disregard)

Name of Facility			
Address:			
City	State	Zip	

5.

Abatement Start Date	Completion Date
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6. TO BE COMPLETED IF PROJECT IS GREATER THAN 160 SQUARE FEET

Total Abatement Project Cost _____ *Revised Cost (only for revisions) _____

Phone: (860) 509-7367/ Fax (860) 509-7378
 410 Capitol Avenue, MS 51 AIR
 P.O. Box 340308
 Hartford, CT 06134-0308
 An Equal Opportunity Employer

7. Use of Facility:

A. School(K-12)	B. Public Building	C. Manufacturing	D. Office	E. College
F. Commercial	G. Church/Synagogue	H. Residential, # of dwellings	I. Other, specify	

8. Building Data:

FT ²	Number of floors:	Age:
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9. Abatement Classification:

A. Renovation:	B. Demolition	C. Ordered Demolition-Agency Issuing Order
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10. Abatement Technique:

A. Full Containment with Neg. Air	
B. Alternative Work Practice (preapproval required)	
C. Exterior Abatement	

11. Abatement Method:

A. Removal	
B. Encapsulation	
C. Enclosure	

12. Type of Decontamination System:

A. Contiguous	B. Remote
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13. Type and Amount of Asbestos to be Abated: (Reported in Square Feet)

FRIABLE MATERIAL		NONFRIABLE MATERIAL	
A. Sprayed or 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	Total Square Feet		

Pipe diameter (") Linear Feet multiplied by conversion factor equals Total Square feet (*see Notif. Conversion table)

In.	LF	x		
In.	LF	x		
In.	LF	x		
In.	LF	x		

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 _____