



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

OCT 15 2018

DEMOLITION NOTIFICATION FORM

DEPARTMENT OF PUBLIC HEALTH  
ASBESTOS PROGRAM

FOR STATE USE ONLY	
Postmark Date	10/12/18
Order #	14546
Transmittal No.	8019-233
Amount Paid	\$50.00
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 demolition as required by the Regulations of Connecticut State Agencies (RCSA), Section 19a-332a-3. Each demolition notification must be accompanied by a fee of FIFTY (\$50) dollars. A check in that amount made payable to "Treasurer, State of Connecticut" must be submitted with the notification form. In case of emergency notifications, this form is to be completed and postmarked or hand delivered within one (1) working day following the start of demolition. A copy of the written order requiring demolition prepared by a state or local building official shall accompany each emergency demolition notification. Faxed originals are not acceptable. Revisions to the original notification form may be faxed. Further instructions are found on back of this form.

A.  NEW B.  EMERGENCY C.  REVISED ITEMS REVISED:

NAME: Deb OBRIZZO  
 ADDRESS: 81 Westside Blvd.  
 CITY: Burlington STATE: CT  
 ZIP: 06013 PHONE NO.: 860 808 4225

NAME:  
 ADDRESS: 26 Eagle street  
 CITY: Plymouth STATE: CT  
 ZIP: 06786 PHONE NO.: 860 808 4225

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES  NO

INSPECTION INFORMATION NAME OF INSPECTOR: Gregory Eident  
 LICENSE #: 000908 DATE OF INSPECTION: 9-17-18  
 INSPECTOR ADDRESS: 1204 North Road CITY: Groton  
 STATE: CT ZIP: 06340 PHONE NO.: 800-241-7746

(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

In accordance with Section 61.145 of the U.S. Environmental Protection Agency's National Emission Standards for Hazardous Air Pollutants (NESHAPs) regulation, the owner or operator of a facility shall, prior to the commencement of renovation or demolition, inspect the affected portions of the facility for asbestos, including Category I and Category II nonfriable asbestos.

DEMOLITION START DATE: 10/23/18 END DATE: 12/23/18

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



6.

~~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 *3 family*      I. OTHER

(I. SPECIFY)

7. **BUILDING DATA:**      SQUARE FEET:      # OF FLOORS:      AGE:

8.

~~DEMOLITION~~

NAME: *mountaintop Trucking*      CONTACT PERSON: *Dan Stoughton*  
 ADDRESS: *179 Colebrook River Road*  
 CITY: *Winsted*      STATE: *CT*  
 ZIP: *06098*      PHONE NO.: *860 496-7257*

9.

~~DEMOLITION~~

NAME: *Albraeder Refuse + Sweeping*  
 ADDRESS: *14 #ffland Pond road*  
 CITY: *Uitchfield*      STATE: *CT*  
 ZIP: *06759*      PHONE NO.: *860 482 6799*

10.

~~DEMOLITION~~

NAME: *Mountaintop Trucking*  
 ADDRESS: *179 Colebrook River Rd*  
 CITY: *Winsted*      STATE: *CT*  
 ZIP: *06098*      PHONE NO.: *860 496 7257*

11.

~~DEMOLITION~~

NAME: *Cheryl Knox*  
 ADDRESS: *54 Lincoln ave*  
 CITY: *Torrington*      STATE: *CT*  
 ZIP: *06790*      PHONE NO.: *860 496 7257*  
 SIGNATURE: *Cheryl Knox*      *10/9/18*

The submission of the Notification of Demolition Form is not required provided that an Asbestos Abatement Notification Form was previously submitted to the Department of Public Health involving abatement related to the demolition of the facility. In that case, the Asbestos Abatement Notification Form submitted to the agency satisfied the notification requirement for demolition of the facility. In all cases of demolition, one and only one form (Notification of Demolition Form or Asbestos Abatement Notification Form, as applicable) shall be sufficient to satisfy the Department of Public Health notification requirements detailed in Section 19a-332a-3 of the RCSA.