



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

FOR STATE USE ONLY
Postmark Date: 9/12/18
Check #: 14499
Transmittal No.: 19-168
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.

1. TYPE OF NOTIFICATION:

A. [X] NEW B. [] EMERGENCY C. [] REVISED ITEMS REVISED:

2. FACILITY OWNER:

NAME: Joan Schroeder
ADDRESS: 39 Prospect street
CITY: Winsted STATE: CT
ZIP: 06098 PHONE NO.: 860 307 0254

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME: Joan Schroeder
ADDRESS: 39 Prospect st
CITY: Winsted STATE: CT
ZIP: 06098 PHONE NO.: 860 307 -0254

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES [X] NO []

4. INSPECTION INFORMATION: NAME OF INSPECTOR: Robert Bertolette

LICENSE #: 00042 DATE OF INSPECTION:
INSPECTOR ADDRESS: 65 lasalle Rd Suite 309 CITY: West Hart Rvd
STATE: CT ZIP: 06107 PHONE NO.: 860 231 0333

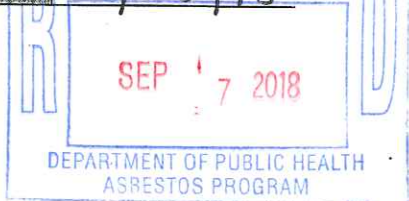
(Inspection information applicable to facilities subject to the asbestos NESHAP, 40 C.F.R., Part 61)

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.

5(A) DEMOLITION START DATE: 9/25/18 5(B) DEMOLITION COMPLETION DATE: 9/25/18



Phone: (860) 509-7367/ Fax (860) 509-7378
Telephone Device for the Deaf: (860) 509- 7191
410 Capitol Avenue, MS# 51 AIR
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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 I. OTHER garage

(I. SPECIFY)

7. **BUILDING DATA:** SQUARE FEET: 460 # OF FLOORS: 1 AGE: 1900

8. ~~DEMOLITION CONTRACTOR~~

NAME: Mountaintop Trucking CONTACT PERSON: Daniel Staughton

ADDRESS: 179 Colebrook River Rd

CITY: Winsted STATE: CT

ZIP: 06098 PHONE NO.: 860 496 7257

9. ~~DEMOLITION DISPOSAL CONTRACTOR~~

NAME: USA Hauling + Recycling

ADDRESS: 185 Torrington Rd

CITY: Winsted STATE: CT

ZIP: 06098 PHONE NO.: 860 379-1662

10. ~~DEMOLITION WASTE HAULER~~

NAME: Mountaintop Trucking

ADDRESS: 179 Colebrook River Rd

CITY: Winsted STATE: CT

ZIP: 06098 PHONE NO.: 860 496 7257

11. ~~PERSON COMPLETING THIS FORM~~

NAME: Cheryl Knox

ADDRESS: 54 Lincoln Avenue

CITY: Winsted STATE: CT

ZIP: 06098 PHONE NO.: 860 496 7257

SIGNATURE Cheryl Knox DATE 9/10/18

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.