



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
**DEMOLITION NOTIFICATION FORM**

STATE USE ONLY

Postmark Date	11/22/19
Check #	15137
Trans. No	20-323
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, payable to "Treasurer, State of Connecticut".

For facilities that are regulated by the US EPA under the federal asbestos NESHAP, please review the guidance document issued by the EPA Region 1 regarding emergency renovations and demolitions.

Additional instructions are found on the back page of this form.

**1. NOTIFICATION TYPE:**

NEW      EMERGENCY      REVISED, ITEMS REVISED:

**2. FACILITY OWNER:**

NAME: Chip Fund 6 LLC  
 ADDRESS: 18 Wells Hill Rd  
 CITY: Easton STATE: CT ZIP: 06612  
 PHONE NO.:

**3. LOCATION OF FACILITY TO BE DEMOLISHED:**

NAME:  
 ADDRESS: 1167 Highland Avenue  
 CITY: Torrington CT  
 ZIP: 06790 PHONE NO./CONTACT: 203-842 2153

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES  NO

**4. INSPECTION INFORMATION:**

NAME OF INSPECTOR: Robert Bertolett  
 LICENSE #: 000042 DATE OF INSPECTION: 11-11-19  
 ADDRESS: 65 Lasalle Rd suite 309 CITY: West Hartford  
 STATE: CT ZIP: 06107 PHONE NO.: 860655 7071

**5(A). DEMOLITION START DATE:** 12/3/19 REVISED START  
**5(B). COMPLETION DATE** 1/3/20 REVISED END

**6. USE OF FACILITY:**

A. SCHOOL (K-12)  B. PUBLIC BUILDING  C. MANUFACTURING  D. OFFICE  E. COLLEGE   
 F. COMMERCIAL  G. RELIGIOUS  H. RESIDENTIAL  # OF DWELLINGS  
 I. OTHER  (I. SPECIFY) Barn

NOV 25 2019



Phone: (860) 509-7367/ Fax (860) 509-7378  
 Telephone Device for the Deaf: (860) 509- 7191  
 410 Capitol Avenue, MS# 12AIR  
 P.O. Box 340308  
 Hartford, CT 06134-0308  
 Affirmative Action / An Equal Opportunity Employer



7. BUILDING DATA: Size (SQ.FT. 1200 # OF FLOORS: 1 AGE: Built 1750 YEARS  
 ANY OUTBUILDINGS? DESCRIBE

8. DEMOLITION CONTRACTOR:  
NAME: Mountaintop Trucking  
ADDRESS: 179 Colebrook River Road  
CITY: Winsted CONTACT: Dan Stoughton  
PHONE NO.: 860 496 7257 STATE: CT ZIP: 06098

9. DEMOLITION DISPOSAL FACILITY:  
NAME: Albreada Refuse + Sweeping  
ADDRESS: 14 Effland Pond Rd.  
CITY: Litchfield STATE: CT ZIP: 06759  
PHONE NO.: 860 482-6799

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

ADDITIONAL SITES, HAULERS, CONTRACTORS

11. PERSON COMPLETING THIS FORM:  
NAME: Cheryl Knox  
ADDRESS: 54 Lincoln Avenue  
CITY: Torrington STATE: CT ZIP: 06790  
PHONE NO.: 860-496 7257

SIGNATURE: Cheryl Knox DATE: 11/22/19

RESET FORM PRINT SAVE AS

(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 non-friable asbestos.

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 satisfies 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.