



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

STATE USE ONLY

Postmark Date	10/17/19
Check #	2918
Trans. No	20-238
Amount Paid	\$ 50.00
Record No.	

DEMOLITION NOTIFICATION FORM

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: George / Diana Doyle
 ADDRESS: 63 Pershing St
 CITY: Torrington STATE: CT ZIP: 06790
 PHONE NO.: 860-482-7208

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME: Doyle
 ADDRESS: 65 Pershing St
 CITY: Torrington STATE: CT CT
 ZIP: 06790 PHONE NO. CONTACT: 860-482-7208

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES NO

4. INSPECTION INFORMATION:

NAME OF INSPECTOR: Earl Clark / Superior Industries LLC
 LICENSE #: 40.000214 DATE OF INSPECTION: 8/1/19
 ADDRESS: 342 Carter Ln CITY: Southington
 STATE: CT ZIP: 06052 PHONE NO.:

5(A.) DEMOLITION START DATE: 10/30/19 REVISED START
 5(B.) COMPLETION DATE: 10/30/19 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)

OCT 18 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: 2 AGE: 30 YEARS

ANY OUTBUILDINGS? DESCRIBE

8. DEMOLITION CONTRACTOR:

NAME: Jones Construction LLC

ADDRESS: PO Box 418

CITY: Unionville CT

CONTACT: Rick Jones

PHONE NO.: 860-818-5065

STATE: CT

ZIP: 06085

9. DEMOLITION DISPOSAL FACILITY:

NAME: Patterson Enterprise

ADDRESS: 550 Broad St

CITY: Bristol

STATE: CT

ZIP: 06010

PHONE NO.: 860-583-7577

10. DEMOLITION WASTE HAULER:

NAME: Patterson Enterprise LLC

ADDRESS: 550 Broad St

CITY: Bristol

STATE: CT

ZIP: 06010

PHONE NO.: 860-583-7577

ADDITIONAL SITES, HAULERS, CONTRACTORS

11. PERSON COMPLETING THIS FORM:

NAME: Rick Jones

ADDRESS: PO Box 418

CITY: Unionville

STATE: CT

ZIP: 06085

PHONE NO.: 860-818-5065

SIGNATURE

[Handwritten Signature]

DATE:

10/1/19

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.