STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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/Deane Doyle
ADDRESS: 65 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
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
ADDRESS: 342 Carter Ln
CITY: Southington
STATE: CT
ZIP: 06072
PHONE NO.:
DATE OF INSPECTION: 8/11/19

5(A). DEMOLITION START DATE: 10/15/19
(REVISED START)
5(B). COMPLETION DATE: 10/20/19
(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)

Phone: (860) 509-7367/ Fax (860) 509-7376
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
   PHONE NO.: 860-818-5065
   STATE: CT
   ZIP: 06085
   CONTACT: Rick Jones

9. DEMOLITION DISPOSAL FACILITY:
   NAME: Patterson Enterprise
   ADDRESS: 550 Broad St
   CITY: Bristol
   PHONE NO.: 860-583-7577
   STATE: CT
   ZIP: 06010

10. DEMOLITION WASTE HAULER:
    NAME: Patterson Enterprise LLC
    ADDRESS: 550 Broad St
    CITY: Bristol
    PHONE NO.: 860-583-7577
    STATE: CT
    ZIP: 06010

11. PERSON COMPLETING THIS FORM:
    NAME: Rick Jones
    ADDRESS: PO Box 418
    CITY: Unionville
    PHONE NO.: 860-818-5065

    SIGNATURE: ____________________________
    DATE: 10/1/19

(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.