



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

DEMOLITION NOTIFICATION FORM

FOR STATE USE ONLY	
Postmark Date	10/11/19
Check #	15084
Transmittal No.	20-227
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.

1. TYPE OF NOTIFICATION:

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

2. FACILITY OWNER:

NAME: Town of Winchester
 ADDRESS: 338 Main Street
 CITY: Winsted STATE: CT
 ZIP: 06098 PHONE NO.: 860

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME:
 ADDRESS: 269 Walnut Street
 CITY: Winsted STATE: CT
 ZIP: 06098 PHONE NO.: 860 738 6960

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES NO

4. INSPECTION INFORMATION:

NAME OF INSPECTOR: Robert Bertolette
 LICENSE #: 00042 DATE OF INSPECTION: 8/16/19
 INSPECTOR ADDRESS: 65 lasalle Rd suite 217 CITY: West Hartford
 STATE: CT ZIP: 06109 PHONE NO.: 860 655-7071

(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: 10/23/19 5(B.) DEMOLITION COMPLETION DATE: 12/23/19



Phone: (860) 509-7367 / Fax (860) 509-7378
 Telephone Device for the Deaf: (860) 509-7191
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 Hartford, CT 06134-0308
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OCT 15 2019

DEPARTMENT OF PUBLIC HEALTH

6. USE OF FACILITY:					
A. SCHOOL (K-12)	<input type="checkbox"/>	B. PUBLIC BUILDING	<input type="checkbox"/>	C. MANUFACTURING	<input type="checkbox"/>
D. OFFICE	<input type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>		
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL # OF DWELLINGS	2-4
					I. OTHER

(I. SPECIFY)

BUILDING DATE:	SQUARE FEET:	2910	# OF FLOORS:	2 1/4	AGE:	1880
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8. DEMOLITION CONTRACTOR:	
NAME:	Mountaintop Trucking CONTACT PERSON: Dan Staughton
ADDRESS:	179 Colebrook River Rd
CITY:	Winsted STATE: CT
ZIP:	06098 PHONE NO.: 860 496 7250

9. DEMOLITION DISPOSAL FACILITY:	
NAME:	USA Hauling + Recycling
ADDRESS:	185 Torrington Road
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.:

11. PERSON COMPLETING THIS FORM:	
NAME:	Cheryl Knox
ADDRESS:	54 Lincoln Avenue
CITY:	Torrington STATE: CT
ZIP:	06790 PHONE NO.: 860 496 7250

SIGNATURE:	Cheryl Knox	DATE:	10/11/19
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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.