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. 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 Winsted
   ADDRESS: 338 Main Street
   CITY: Winsted   STATE: CT
   ZIP: 06098   PHONE NO.: 860 379 3818

3. LOCATION OF FACILITY TO BE DEMOLISHED:
   NAME: 
   ADDRESS: 140 Belvidere  n
   CITY: Winsted   STATE: CT
   ZIP: 06098   PHONE NO.: 860 379 3818
   HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? [ ] YES   [ ] NO

4. INSPECTION INFORMATION: NAME OF INSPECTOR: Robert Bertolochi
   LICENSE #: 00042   DATE OF INSPECTION: 4-26-19
   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 non friable asbestos.


Phone: (860) 509-7367/ Fax (860) 509-7378
Telephone Device for the Deaf: (860) 509- 7191
410 Capitol Avenue, MS# 51 AIR
P.O. Box 340308
Hartford, CT 06134-0308
Affirmative Action / An Equal Opportunity Employer
6. **USE OF FACILITY:**

<table>
<thead>
<tr>
<th>A. SCHOOL (K-12)</th>
<th>B. PUBLIC BUILDING</th>
<th>C. MANUFACTURING</th>
<th>D. OFFICE</th>
<th>E. COLLEGE</th>
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<td>F. COMMERCIAL</td>
<td>G. CHURCH/SYNAGOGUE</td>
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<td>H. RESIDENTIAL, # OF DWELLINGS</td>
<td>I. OTHER</td>
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<td>(I. SPECIFY)</td>
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7. **BUILDING DATA:**

- **SQUARE FEET:** 310
- **# OF FLOORS:** 1
- **AGE:** 1980

8. **DEMOLITION CONTRACTOR:**

- **NAME:** Mountain Top Trucking
- **CONTACT PERSON:** Dan Stoughton
- **ADDRESS:** 179 Colebrook River Rd
- **CITY:** Winsted
- **STATE:** CT
- **ZIP:** 06098
- **PHONE NO.:** 860 307-7157

9. **DEMOLITION DISPOSAL FACILITY:**

- **NAME:** USA Hauling & Recycling
- **ADDRESS:** 185 Torrington Rd
- **CITY:** Winsted
- **STATE:** CT
- **ZIP:** 06098
- **PHONE NO.:** 860 379-1662

10. **DEMOLITION WASTE HAULER:**

- **NAME:** Mountain Top 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 Ave
- **CITY:** Torrington
- **STATE:** CT
- **ZIP:** 06790
- **PHONE NO.:** 860 496-7257

**SIGNATURE** Cheryl Knox

**DATE:** 11/8/19

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.