

50.00 also applied from check # 15135 to -
618 Wynne Rd, Winsted and
140 Bellvidere, Winsted



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DEMOLITION NOTIFICATION FORM

STATE USE ONLY

Postmark Date	11/8/19
Check#	15135 (150.00)
Trans. No	20-289
Amount Paid	50.00 applied
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 NE SHAP, 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: Steven Marcys
ADDRESS: PO Box 344
CITY: Winsted STATE: CT ZIP: 06098
PHONE NO.: 413-237-7665

3. LOCATION OF FACILITY TO BE DEMOLISHED:

NAME: Steven Marcus
ADDRESS: 620 Wynne Rd
CITY: Winsted CT
ZIP: 06098 PHONE NO. CONTACT: 413 237-7665

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED? YES NO

4. INSPECTION INFORMATION:

NAME OF INSPECTOR: Robert Butolek
LICENSE #: 000042 DATE OF INSPECTION: 10/29/19
ADDRESS: 65 Lasalle Rd CITY: West Hartford
STATE: CT ZIP: 06107 PHONE NO.:

5(A). DEMOLITION START DATE: 11/18/19 REVISED START

5(B). COMPLETION DATE 12/28/19 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 1
I. OTHER (I. SPECIFY)



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



NOV 12 2019

7. BUILDING DATA: Size (SQ.FT. 785 # OF FLOORS: 1 AGE: 1930 YEARS
 ANY OUTBUILDINGS? DESCRIBE

8. DEMOLITION CONTRACTOR:

NAME: mountaintop Trucking
ADDRESS: 179 Colebrook River Rd
CITY: Winsted CONTACT: Dan Stoughton
PHONE NO.: 860 496 7257 STATE: CT ZIP: 06098

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: 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 A Knox
ADDRESS: 54 Lincoln Ave
CITY: Torrington STATE: CT ZIP: 06790
PHONE NO.: 860 496-7257

SIGNATURE Cheryl A Knox DATE: 11/8/19

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.