



## Farmington Valley Health District

95 River Road, Suite C ▪ Canton, CT 06019 ▪ Phone (860) 352-2333 ▪ Fax (860) 352-2542

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September 2, 2010

To: Building Inspectors, Other Interested Parties

From: Dianne Harding, Chief Sanitarian

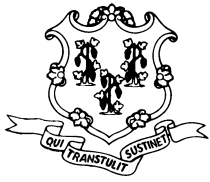
Re: Demolition Approvals

This office is often requested to “sign off” on proposals to demolish existing structures. Before we will approve such proposals, please refer to the following:

1. A plot plan or sketch must be submitted showing the location of any water supply system, well or public, relative to the structure to be razed. If the site is served by a private well, the well **MUST** be abandoned in accordance with State requirements or brought into construction compliance by extending the casing above grade. This work must be done by a licensed well driller and a permit to do this work must be obtained from this office. If public water serves the site, the water company must be notified
2. The plot plan or sketch must also show the location of the septic system or sewer line. Demolition must include the pumping of the system by a licensed pumper and any hollow structures must then be crushed &/or filled in. If the proposal is to utilize the system in any subsequent construction, an evaluation of the site and the system must be conducted and coordinated through this office.
3. The attached “Demolition / Notification Form” (or its latest revision) or Asbestos Abatement Notification Form must be submitted to the State of Connecticut Department of Public Health and a copy provided to this office. Please note that the enclosed Circular Letter #2004-26 requires all demolition projects provide this “notification” to the State. This is **NOT** an FVHD requirement, but we need to know that appropriate notifications are being tendered before we “sign off” on the demolition project.

Please provide this memo and attachments to contractors.

If you have any questions, please call the Farmington Valley Health District office at 860-352-2333.



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

**DEMOLITION NOTIFICATION FORM**

**FOR STATE USE ONLY**

Postmark Date	
Check #	
Transmittal No.	
Amount Paid	
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:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO.:

**3. LOCATION OF FACILITY TO BE DEMOLISHED:**

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO.:

HAS AN ASBESTOS INSPECTION BEEN CONDUCTED?    YES     NO

**4. INSPECTION INFORMATION:**

NAME OF INSPECTOR:

LICENSE #:

DATE OF INSPECTION:

INSPECTOR ADDRESS:

CITY:

STATE:

ZIP:

PHONE NO.:

**(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.

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

<b>5(A.)</b>	<b>DEMOLITION START DATE:</b>		<b>5(B.)</b>	<b>DEMOLITION COMPLETION DATE:</b>
<b>6. USE OF FACILITY:</b>				
<b>A. SCHOOL (K-12)</b>		<b>B. PUBLIC BUILDING</b>		<b>C. MANUFACTURING</b>
		<b>D. OFFICE</b>		<b>E. COLLEGE</b>
<b>F. COMMERCIAL</b>		<b>G. CHURCH/SYNAGOGUE</b>		<b>H. RESIDENTIAL, # OF DWELLINGS</b>
				<b>I. OTHER</b>
<i>(I. SPECIFY)</i>				
<b>7.</b>	<b>BUILDING DATA:</b>	SQUARE FEET:	# OF FLOORS:	AGE:
<b>8. DEMOLITION CONTRACTOR:</b>				
NAME:		CONTACT PERSON:		
ADDRESS:				
CITY:		STATE:		
ZIP:		PHONE NO.:		
<b>9. DEMOLITION DISPOSAL FACILITY:</b>				
NAME:				
ADDRESS:				
CITY:		STATE:		
ZIP:		PHONE NO.:		
<b>10. DEMOLITION WASTE HAULER:</b>				
NAME:				
ADDRESS:				
CITY:		STATE:		
ZIP:		PHONE NO.:		
<b>11. PERSON COMPLETING THIS FORM:</b>				
NAME:				
ADDRESS:				
CITY:		STATE:		
ZIP:		PHONE NO.:		
<b>SIGNATURE</b>			<b>DATE:</b>	

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.