



City of Middletown

Kevin A. Elak, MPH
Director of Health

Department of Health
245 deKoven Drive
Middletown, CT 06457
TEL: (860) 638-4960 FAX: (860) 638-1960
TDDL: (860) 344-3521

DEMOLITION

Address: _____ Owner: _____
_____ Residential _____ Commercial _____ Other
Demolition Contractor: _____ Phone: _____
Contractor License Number: _____

Environmental Assessment:

_____ State of Connecticut: (Check off as applicable)
_____ Abatement Notification Form
_____ Demolition Notification Form
_____ Alternative Work Practice Approval Letter

_____ Asbestos Assessment Report
_____ Asbestos Plan of Abatement
_____ Asbestos Disposal Manifest

_____ Lead Based Paint Assessment Report
_____ Lead Based Paint Plan of Abatement
_____ Lead Based Paint Manifest
_____ TCLP Clearance

_____ Petroleum Products...Underground Oil Tanks...Removed

_____ Letter Of Site Visit And Treatment From Licensed Pest Control Operator

_____ Well Abandonment _____ Septic Abandonment

Dust control method to be used: _____

Approval

Date: ____/____/____ _____

Health Department Staff Signature and Title