

Appeal Period Expires 11/4/20  
 Zoning District R2

Town of Essex, Vermont  
**Application for Zoning Permit**  
 www.essex.org

Application Date 1/1  
 Permit Number 2020-181

All construction is to be completed in accordance with the Town of Essex Zoning Regulations and any/all federal or state regulations now in effect. You are required to post this permit in a conspicuous location on the property during the appeal period and it must remain posted throughout the construction period. **You are required to contact the necessary state agencies to obtain state permits @ 477-2241 (Jeff McMahon, Permit Specialist).**

Any interested person may appeal the decision of the Zoning Administrator to the Zoning Board of Adjustment within fifteen (15) days of the permit's date of issuance. Commencing construction within this fifteen (15) day appeal period is prohibited by law.

Signed: Mahul Handu

**A** Parcel Account Numb. (Map-Parcel-Lot) 2- 047-034-000  
 (found in Town Assessor's Office)  
 Property Address: 26 Pioneer St.  
 Owner: Mahul Handu + Diva Handu  
 Owner Address: 124 College Pkwy Colchester VT 05446  
 Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) 802 3433292 (Email) \_\_\_\_\_  
 Contractors name: Mahul Handu Phone: 802 3433292  
 Cell: \_\_\_\_\_  
 Estimated Construction Dates: Start: 11/1/20 Completion: 6/1/21  
 Sq. Feet: 1800 Estimated Cost (labor & materials): \$ 180000

**B** Sewage Disposal (Please attach Sewer or Septic Application).  
 Public  Private  Connection Fee \$ \_\_\_\_\_ Date Paid: 1/1/  
 Proposed New Bedrooms: 4 Existing Bedrooms 2

**C** Water (Please attach Water Service Application).  
 Public  Private  Fee \$ existing Date Paid: 1/1/

**D** Driveway (Please attach copy of approved Curbcut / Utility Application).  
 Date of approval 1/1/ existing

**E** Stormwater  
 Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.  
 Project creates new or expands existing impervious surface greater than or equal to 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.

**F** Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

**G** see attached  
 Signature of Tenant and Signature of Owner Mahul Handu

**G**  
 Check box(es) which describe proposed use or construction (circle choice in parenthesis).  
 N = New A = Addition R = Remodel

Residential:	N	A	R
Single Family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inclusions or Additions:</b>			
Garage (attached) (detached)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-residential:</b>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stormwater:</b>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b>			
Change in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

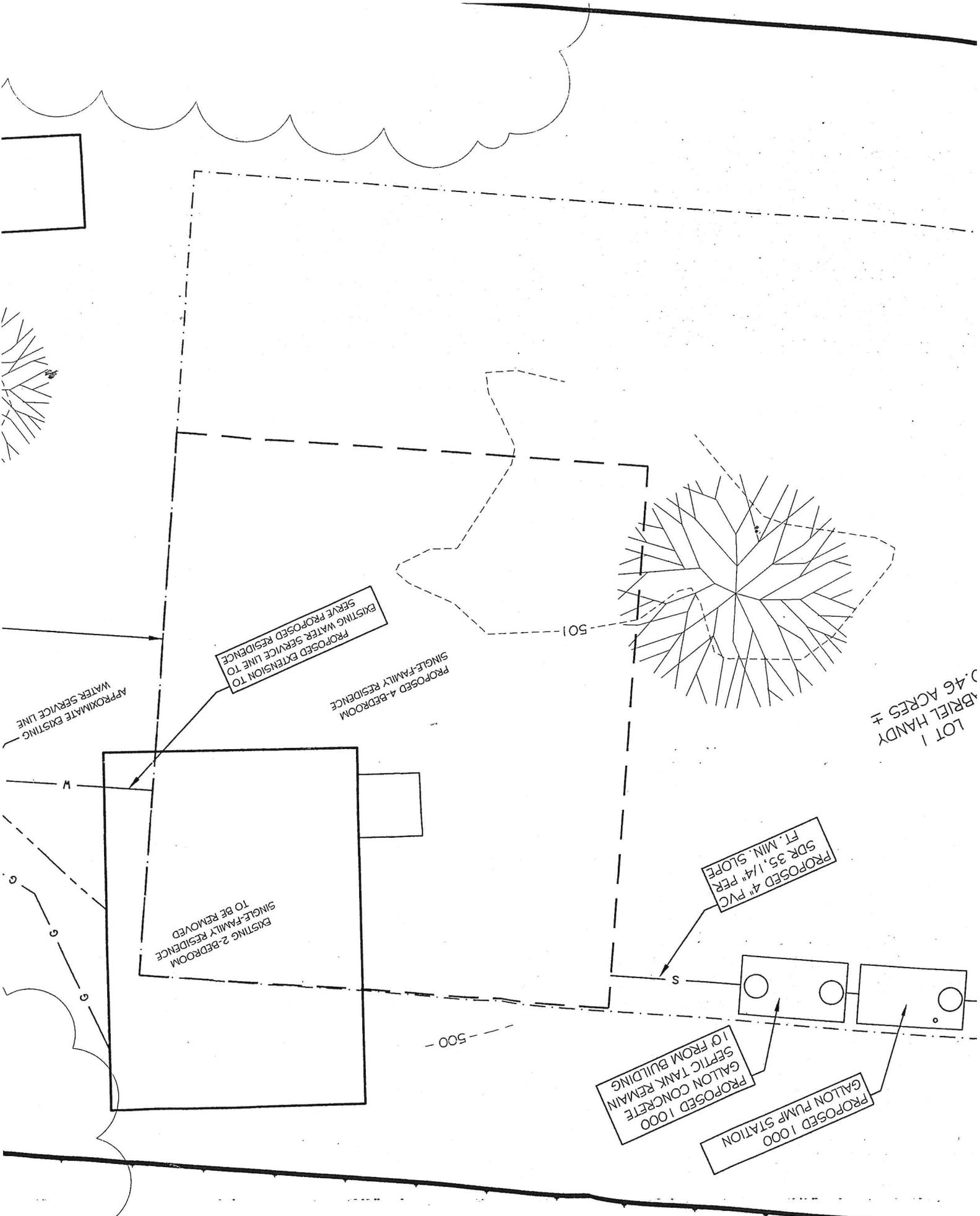
**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>450</u>	<u>1/1</u>
Recreation		\$ _____	
Recording		\$ <u>30</u>	<u>10/15/20</u>
Certificate of Occ		\$ <u>75</u>	
Other		\$ _____	<u>1/1</u>

**Building Permit** 10/20/20  
 Approved  Rejected  Date \_\_\_\_\_  
 Issued to: Sharon L. Kelley  
 Zoning Administrator: Gabe Handu  
 Notes: \_\_\_\_\_  
RBES Green  
 C.O. Required Yes  No



LOT 1  
ABRIEL HANDY F  
0.46 ACRES F



PROPOSED EXTENSION TO  
EXISTING WATER SERVICE LINE TO  
SERVE PROPOSED RESIDENCE

PROPOSED 4-BEDROOM  
SINGLE-FAMILY RESIDENCE

APPROXIMATE EXISTING  
WATER SERVICE LINE

EXISTING 2-BEDROOM  
SINGLE-FAMILY RESIDENCE  
TO BE REMOVED

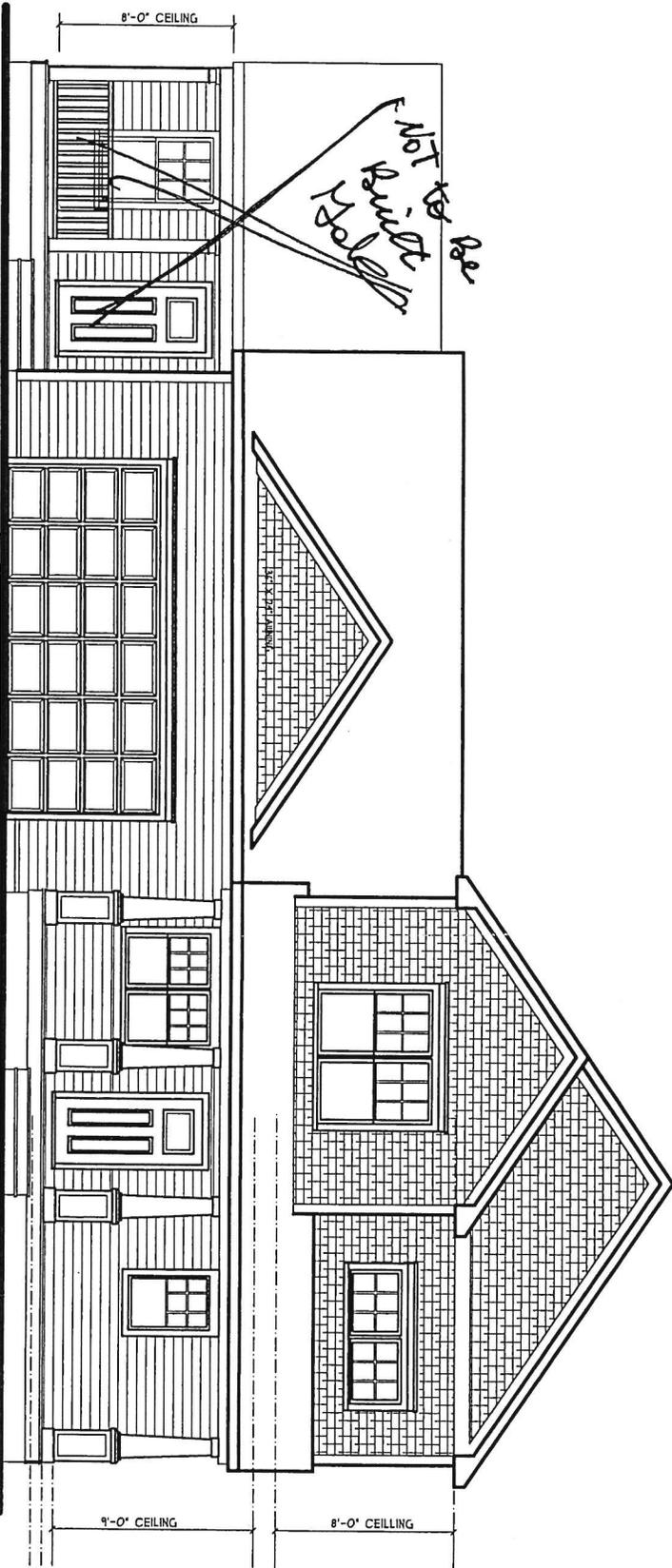
PROPOSED 4\"/>  
SDR 35, 1/4\" PER  
FT. MIN. SLOPE

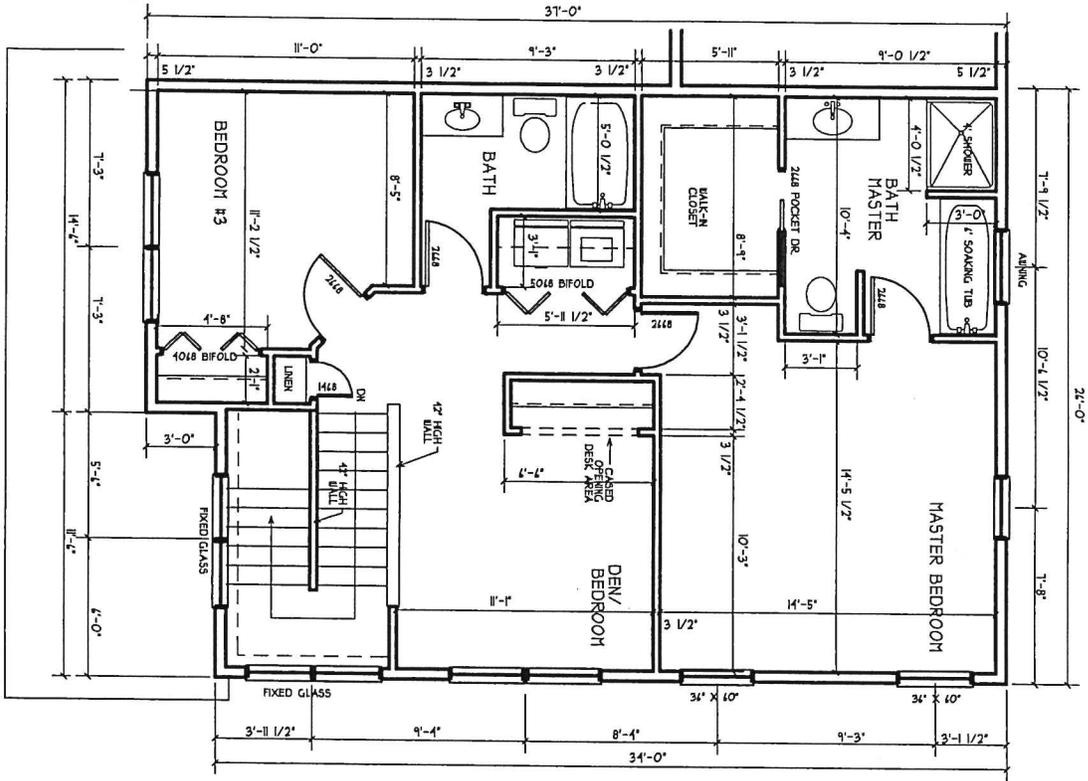
PROPOSED 1000  
GALLON CONCRETE  
SEPTIC TANK REMAIN  
10' FROM BUILDING

PROPOSED 1000  
GALLON PUMP STATION

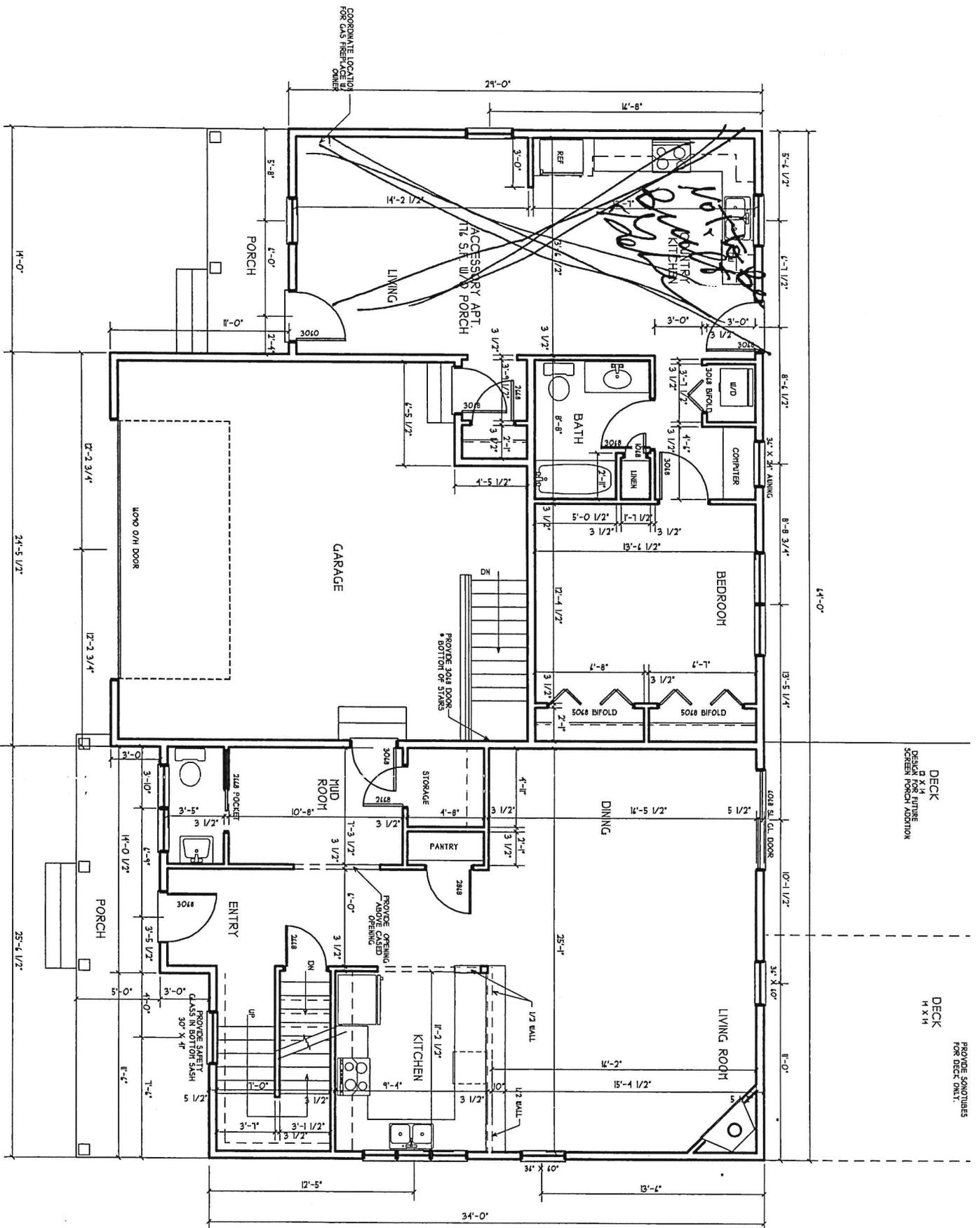
500

① FRONT ELEVATION  
1/4" = 1'-0"





01 SECOND FLOOR PLAN  
 1/4" = 1'-0"



DECK  
 2 X 14  
 DESIGN FOR FUTURE  
 SCREEN PORCH ADDITION

DECK  
 4 X 4  
 PROVIDE SPACERS  
 FOR DECK ONLY

01 FIRST FLOOR PLAN  
 1/4" = 1'-0"



TOWN OF ESSEX  
VERMONT

81 MAIN STREET, ESSEX JUNCTION, VERMONT 05452  
Fax: 878-1353 • E-mail: [manager@essex.org](mailto:manager@essex.org) • Website: [www.essex.org](http://www.essex.org)

August 4, 2020

Mr. Gabe Handy  
66 College Parkway  
Colchester, Vermont 05446

RE: Water Allocation  
26 Pioneer Street

Dear Mr. Handy:

The Town of Essex has the capacity within its municipal water system to accommodate the required flow from a single family home at your property located at 26 Pioneer Street without affecting existing customers.

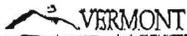
If you have any questions, please feel free to call.

Sincerely,

Aaron K. Martin, P.E.  
Utilities Director / Town Engineer

Cc: Sharon Kelley, Zoning Administrator  
Finance Department  
Public Works File

TOWN MANAGER	PARKS AND RECREATION	COMMUNITY DEVELOPMENT	PUBLIC WORKS	ASSESSOR	FINANCE	TOWN CLERK	LIBRARY	POLICE
878-1341	878-1342	878-1343	878-1344	878-1345	878-1359	879-0413	879-0313	878-8331



Department of Environmental Conservation

Wastewater System & Potable Water Supply Permit Application

Landowner Signature Sheet

Instructions:

The Submission Number and Version of the online application form being signed must be entered in the field below.

Hand Signatures - This signature sheet can be downloaded, printed, signed by hand, and then scanned and uploaded to the Signatures section of the online application form.

Digital Signatures - This signature sheet can be signed using the certificate-based digital signature capability available in Adobe Acrobat/Reader (or other PDF software with similar capability) and then uploaded to the Signatures section of the online application form. If this sheet contains one or more digital signatures, it must be uploaded in a format that does not compromise the ability to click on the applied signature and validate it. The digital signature applied must include the signer's full name, email address, and the date and time of signing. Because the Signature Sheet needs to be submitted in a format that allows the signatures to be validated, a Signature Sheet cannot contain both digital and hand signatures.

Note: If you digitally sign this sheet, please don't enter a date in the Signature Date field. The date and time must be included in the digital signature that is applied as described above.

ANR Online Submission Number & Version

ANR Online Submission Number and Version (for example: #20J-65KQ-R1ZF, version 1)

HP1-KSD4-PDJ21, Version 1.53

Signatures & Acknowledgements of Landowner(s)

This application must be signed by each Landowner listed on the property deed or by individuals with legal authority to sign on behalf of each Landowner. In order to insure compliance with the requirements of the regulations administered by the Department of Environmental Conservation, Drinking Water and Groundwater Protection Division, it may be necessary to visit the property. As this would involve a Department employee entering private property, we request your approval to do so.

If we do visit your property, do you have any special instructions?

[Empty box for special instructions]

"By signing this application, I certify that I am a landowner listed on the property deed or that I have the legal authority to sign on behalf of the landowner. I understand that by signing this application I am granting permission for the Department employees to enter the property, during normal business hours, to insure compliance of the property with the applicable rules of the Department.

I also understand that I am not allowed to commence any site work or construction on this project without written approval from the Department of Environmental Conservation.

If my project utilizes an Innovative/Alternative System or Product, I have received a copy of the Drinking Water & Groundwater Protection Division's approval letter and agree to abide by the conditions of the approval.

I also certify that to the best of my knowledge and belief the information submitted above is true, accurate and complete."

Gabriel Handy

Print Landowner Name

Gabe Handy

Landowner Signature

7-30-2020

Signature Date

[Empty box for Print Landowner Name]

Print Landowner Name

Landowner Signature

Signature Date

[Empty box for Print Landowner Name]

Print Landowner Name

Landowner Signature

Signature Date

[Empty box for Print Landowner Name]

Print Landowner Name

Landowner Signature

Signature Date

[Empty box for Print Landowner Name]

Print Landowner Name

Landowner Signature

Signature Date



Version 0.1 - Revised: 2/22/2016

Department of Environmental Conservation  
Wastewater System & Potable Water Supply Permit Application

### ANR Form 4: Certification Statement for Notification of Overshadowed Property Owners pursuant to the Wastewater System & Potable Water Supply Program

A person submitting an application to the Secretary for a Wastewater System and Potable Water Supply Permit where the proposed project has isolation distances (overshadowing) that extend onto property owned by persons other than the permit applicant shall submit the following certification with the application.

**Note:** When the property subject to the permit application is owned by more than one person, only one of the landowners must sign this certification statement even though all landowners must sign the permit application itself.

Landowner Certification		
<i>I hereby certify that the individual(s) that own property that is overshadowed by my proposed project have been sent by certified mail a copy of the required notification form and the site plan(s) that accurately depicts all isolation distances. I also certify that I attached to this certification form a copy of all certified mail receipts for notifications that were sent to the affected property owners.</i>		
	Gabriel Handy	7. 30. 2016
Landowner Signature	Print Landowner Name	Certification Date
26 Pioneer Street, Essex Junction VT or PID#: 2047034000		
Property Address or Property Tax ID#		

Property Owners Notified by Certified Mail
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State of Vermont  
Department of Environmental Conservation  
Drinking Water and Groundwater Protection Division  
Essex Junction Regional Office  
<http://dec.vermont.gov/water\ww-systems>

Agency of Natural Resources

[phone] (802) 879-5656

September 14, 2020

Gabriel Handy  
66 College Parkway  
Colchester, VT 05446

Subject: Wastewater System and Potable Water Supply Permit # WW-4-5448 for a project located in Essex, Vermont

Dear Gabriel:

Enclosed you will find:

1. a copy of the WW-4-5448 Permit document marked "Documents For Recording"
2. a copy of permit document for your records.

As the permittee, you shall ensure this permit is recorded and indexed in the land records within 30 days of permit issuance. Please take the document stamped "Documents For Recording" to your town clerk. You will be required to pay a recording fee to your town clerk at that time.

Approved Plans: You may either contact your consultant for copies of the approved plan(s) or you may obtain a copy of them by accessing our website <http://dec.vermont.gov/water\ww-systems> and using the document search option. You may print out any documents or plans that you view.

Please read your permit thoroughly and be sure you understand all the requirements. Please be aware your permit may include a condition for the submission of installation certifications, annual inspections, or other reporting requirements.

Thank you for your cooperation. Please contact me at the above address if you have any questions.

Sincerely,



William E. Zabiloski  
Environmental Analyst VI

Enclosures



**WASTEWATER SYSTEM AND POTABLE WATER SUPPLY PERMIT****LAWS/REGULATIONS INVOLVED**10 V.S.A. Chapter 64, Potable Water Supply and Wastewater System Permit  
Wastewater System and Potable Water Supply Rules, Effective April 12, 2019**Permittee:** Gabriel Handy  
66 College Parkway  
Colchester, VT 05446**Permit Number:** WW-4-5448

This permit affects the following property/properties in the Town of Essex, Vermont:

Lot	Parcel	SPAN	Acres	Book/Page #'s
1	2047034000	207-067-10230	0.46	Book:528 Page's:602-604

This application, consisting of a four bedroom, single family residence on an existing, 0.46 acre parcel utilizing a municipal water service and individual, on-site wastewater disposal system, located at 26 Pioneer Street in the Town of Essex, Vermont, is hereby approved under the requirements of the regulations named above subject to the following conditions. Any person aggrieved by this permit may appeal to the Environmental Court within 30 days of the date of issuance of this permit in accordance with 10 V.S.A. Chapter 220 and the Vermont Rules of Environmental Court Proceedings.

**1. GENERAL**

- 1.1 The permittee is responsible to record this permit in the Town of Essex Land Records within 30 days of issuance of this permit and prior to the conveyance of any lot subject to the jurisdiction of this permit.
- 1.2 The permittee is responsible to record the design and installation certifications and other documents that are required to be filed under these Rules or under a permit condition in the Town of Essex Land Records.
- 1.3 Each assign or successor in interest shall be shown a copy of the Wastewater System and Potable Water Supply Permit and the stamped plan(s) prior to the conveyance of a lot.
- 1.4 By acceptance of this permit, the permittee agrees to allow representatives of the State of Vermont access to the property covered by the permit, at reasonable times, for the purpose of ascertaining compliance with the Vermont environmental and health statutes and regulations, and permit conditions.
- 1.5 This permit does not relieve the landowner from obtaining all other approvals and permits from other State Agencies or Departments, or local officials prior to construction.

**2. CONSTRUCTION**

- 2.1 Construction shall be completed as shown on the plans and/or documents prepared by Chase & Chase Surveyors & Septic Designers, Inc., (Craig D. Chase), with the stamped plans listed as follows:

Title	Sheet	Plan Date	Revision
Site Plan	SP1	7/22/2020	
Details Sheet	DTLS1	7/22/2020	9/14/2020

- 2.2 Construction of wastewater systems or potable water supplies, or buildings or structures (as defined by the Wastewater System and Potable Water Supply Rules), or campgrounds, not depicted on the stamped plans, or identified in this permit, is not allowed without prior approval by the Drinking Water and Groundwater Protection Division.



2.3 No buildings, roads, water pipes, sewer services, earthwork, re-grading, excavation, or other construction that might interfere with the operation of a wastewater system or a potable water supply are allowed on or near the site-specific wastewater system, wastewater replacement area, or potable water supply depicted on the stamped plans. Adherence to all isolation distances that are set forth in the Wastewater System and Potable Water Supply Rules is required.

**3. INSPECTIONS**

3.1 No permit issued by the Secretary shall be valid for a substantially completed potable water supply and wastewater system until the Secretary receives a signed and dated certification from a qualified Vermont Licensed Designer (or where allowed, the installer) on a Secretary-approved form that states:

*"I hereby certify that, in the exercise of my reasonable professional judgment, the installation-related information submitted is true and correct and the potable water supply and wastewater system were installed in accordance with the permitted design and all permit conditions, were inspected, were properly tested, and have successfully met those performance tests"*

or which satisfies the requirements of §1-311 of the referenced rules.

3.2 The landowner shall submit to the Drinking Water and Groundwater Protection Division an annual report, prepared by a Class 1, Class B, or Class BW Designer of an inspection conducted in the months of April or May of each year of the bottomless sand filter (BSF). The report shall be submitted to the Division by December 31 of the year the inspection was conducted. At a minimum, the following criteria shall be addressed in the report:

- A. Observation of any debris or vegetative growth on surface of the sand filter.
- B. Observation of any mechanical or electrical malfunctions of the pump station.
- C. Observation of any neglect or improper use.
- D. Observation of the flushing of the laterals.
- E. Observation of any ponding on surface of the Filter, rotting of the timber frame, or soil slumping around the BSF.
- F. Observation of any ponding or surfacing of effluent around the base the Filter enclosure.
- G. Observation of solids, scum, or grease in the pump chamber.

**4. DESIGN FLOW**

4.1 Lot use and design flows (gpd) shall correspond to the following:

Lot	Building Use / Design Flow Basis	Wastewater	Water
1	Four bedroom single family residence	490	360

**5. WASTEWATER SYSTEM**

5.1 Prior to construction or site work, a designer shall flag the proposed leachfield, and the owner shall maintain the flags until commencement of construction of the system.

5.2 Should the wastewater system fail and not qualify as a minor repair or for an exemption, the landowner shall engage a qualified Licensed Designer to evaluate the cause of the failure and submit an application to the Drinking Water and Groundwater Protection Division, and obtain approval thereof, prior to correcting the failure.

5.3 This permit does not relieve the permittee of the obligations of Title 10, Chapter 48, Subchapter 4, for the protection of groundwater.

**POTABLE WATER SUPPLY**

- 6.1 The lot is approved for connection to the water supply system owned by the Town of Essex as depicted on the plan(s) stamped by the Drinking Water and Groundwater Protection Division.
- 6.2 This permit is based, in part, on a determination by the municipality that sufficient capacity exists in the municipal public water system to accommodate the design flow approved by this permit. This permit does not imply that the municipality will grant allocation to the building.

Peter Walke, Commissioner  
Department of Environmental Conservation

Dated September 14, 2020

By   
William E. Zabiloski  
Environmental Analyst VI  
Essex Junction Regional Office  
Drinking Water and Groundwater Protection Division

cc: Chase & Chase Surveyors & Septic Designers, Inc.

To: Chris Kinnick      Fax 802 863 7483  
From: Gabe Handy

## ASBESTOS INSPECTION REPORT

*of*

Residential Structure  
26 Pioneer Street  
Essex, Vermont

*Prepared for:*

Gabe Handy  
66 College Parkway  
Colchester, Vermont 05446

September 17, 2020

KDAI Project No: 03021-029



**KD ASSOCIATES, INC.**

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Environmental Consulting & Contracting

41 IDX Drive, Suite 209, South Burlington, Vermont 05403-7757

(802) 862-7490

## INTRODUCTION

K-D Associates, Inc. inspected and collected samples of suspect building materials for the presence of asbestos from the vacant house located at 26 Pioneer Street in Essex, VT. The survey was designed and conducted to satisfy the pre-demolition requirements of EPA 40 CFR 61, Subpart M, National Emission Standards for Hazardous Air Pollutants (NESHAP), Occupational Safety and Health Administration (OSHA), and the Vermont Regulations for Asbestos Control (VRAC) (V.S.A. Title 18, Chapter 26). The inspection was conducted on September 16, 2020.

Multiple samples of each suspect material were collected per homogeneous area. The number of samples was guided by the sampling requirements of the EPA Asbestos Hazard Emergency Response Act (AHERA). Each sample was sealed in a distinct sampling bag, labeled, and transported under a chain-of-custody to the laboratory for analysis.

All samples were analyzed by Polarized Light Microscopy (PLM) until either a positive sample was found in a material type or all samples were analyzed. Asbestos-Containing Material (ACM) as defined by the EPA and the State of Vermont are materials with an asbestos concentration of greater than one percent (>1%). Laboratory analysis was performed by PLM using EPA Method 600/R-93/116 (point-counted when positive at less than 10%). When one sample in a material type is found to contain asbestos in a concentration greater than one percent (>1.0%), the remaining samples in that group are not analyzed (positive stop). Complete laboratory results are attached.

## FINDINGS

**In summary, no asbestos was detected in any of the materials sampled.**

The following materials were analyzed and found to be non-asbestos containing materials:

Sample ID	Material Description	Location
20MB260-01, 02	Gypsum board	Walls / ceilings
20MB260-03/04, 05/06	12" by 12" vinyl floor tile and associated adhesive	Bathroom
20MB260-07, 08	Suspended ceiling tile	Throughout
20MB260-09/10, 11/12	Sheet vinyl flooring and associated adhesive	Living Room
20MB260-13, 14	Asphalt shingle roofing	Exterior

## RESULTS / CONCLUSIONS

The results of this pre-demolition asbestos inspection at the vacant house located at 26 Pioneer Street in Essex, VT have found no building material that contains asbestos. No suspect asbestos containing materials were found associated with the heating system and all insulation materials appear to be fiberglass.



## Laboratory Results

Report Date: 9/17/2020

Gabe Handy  
66 College Parkway  
Colchester, VT 05446

Date Received: 9/16/2020  
Sample Location: 26 Pioneer St.  
Essex, VT

Customer No.: 03021  
Lab Reference No.: 200535  
Number Samples Analyzed: 14

Analysis for asbestos type and quantity (visual area estimate and/or point counting) was performed by EPA test method 600/R-93/116, utilizing Polarized Light Microscopy (PLM) and dispersion staining techniques.

Lab No.	Sample Identification	Result
B-20-3924	20MB260-01 Gypsum Board, Various Walls and Ceilings	No Asbestos Detected
B-20-3925	20MB260-02 Gypsum Board, Various Walls and Ceilings	No Asbestos Detected
B-20-3926	20MB260-03 12 x 12" Vinyl Floor Tile, Bathroom	No Asbestos Detected
B-20-3927	20MB260-04 Adhesive associated with 20MB260-03	No Asbestos Detected
B-20-3928	20MB260-05 12 x 12" Vinyl Floor Tile, Bathroom	No Asbestos Detected
B-20-3929	20MB260-06 Adhesive associated with 20MB260-05	No Asbestos Detected
B-20-3930	20MB260-07 Suspended Ceiling Tile, Living Room	No Asbestos Detected
B-20-3931	20MB260-08 Suspended Ceiling Tile, Living Room	No Asbestos Detected
B-20-3932	20MB260-09 Sheet Vinyl Flooring, Living Room	No Asbestos Detected
B-20-3933	20MB260-10 Adhesive associated with 20MB260-09	No Asbestos Detected
B-20-3934	20MB260-11 Sheet Vinyl Flooring, Living Room	No Asbestos Detected
B-20-3935	20MB260-12 Adhesive associated with 20MB260-11	No Asbestos Detected
B-20-3936	20MB260-13 Asphalt Shingle Roofing	No Asbestos Detected
B-20-3937	20MB260-14 Asphalt Shingle Roofing	No Asbestos Detected

Bryan Schultz  
Laboratory Manager

Laboratory Certifications: Vermont #AL278811  
Analyst: Bryan Schultz, #PB487404

The results listed above relate only to the items/samples tested. Samples received in good condition unless otherwise noted. K-D Associates assumes no responsibility or liability for the manner in which these results are used or interpreted. The accuracy of PLM may be limited in the analysis of certain sample materials. For PLM results that are "negative" or positive at less than one percent, re-analysis by another analytical method may be appropriate.

Vermont Department of Health  
Notification of Demolition or Renovation  
(as required by VRAC 9.1 C)

**X** Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:  
*To Be demolished By Heavy equipment*

**XI** Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:  
*will be handled in accordance with VTCEPA Asbestos Regulation*

**XII** Waste Transporter #1  
Name: *TBD*  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Waste Transporter #2  
Name: *TBD*  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**XIII** Waste Disposal  
Name: *TBD*  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**XIV** Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)  
1. Attach a copy of the Order to this notice.  
2. Name of Authority Issuing Order: \_\_\_\_\_ Title: \_\_\_\_\_  
3. Authority of Order (Citation of Code): \_\_\_\_\_  
4. Date of Order (MM/DD/YY): \_\_\_\_\_ Date Ordered to Begin: \_\_\_\_\_

**XV** Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)  
1. Date and Hour of the Emergency:  
2. Description of the Sudden, Unexpected Event:  
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

**XVI** Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.  
*ALL work will stop Notified VT Health Dept*

**XVII** I certify that an individual trained in the provisions of NESHAAP (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.  
*Gabe Handy* *9-21-2020* *Gabe Handy owner*  
Signature of Owner/Operator Date Type or Print Name and Title

**XVIII** I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.  
*Gabe Handy* *9-21-2020* *Gabe Handy owner*  
Signature of Owner/Operator Date Type or Print Name and Title

Vermont Department of Health  
 Notification of Demolition or Renovation  
 (as required by VRAC 9.1 C)

This form to be completed when federal NESHAP notification is not required

**I. Type of Notification (check one):**  Original  Revised  Canceled

**II. Facility Description**  
 Building Name: N/A N/A 26 Pioneer ST 1 Bed Cottage  
 Address: 26 Pioneer ST  
 City: Worcester State: VT Zip Code: 05452 County: Chittenden  
 Site Location: Adjacent To Road  
 Building Size (square feet): 600 # of Floors: 1 Age in Years: 1980  
 Present Use: Vacant Prior Use: 1 Bed Home

**III. Type of Operation (check one):**  Demo  Ordered Demo  Renovation  Emergency Renovation  Fire Training

**IV. Is Asbestos Present? (check one):**  Yes  No

**V. Facility Information**  
 Owner Name: Gabe Handy  
 Address: 124 College Parkway  
 City: Colchester State: VT Zip Code: 05446  
 Contact: Gabe Telephone: (802) 3433292 Fax: 9232400  
 Removal Contractor Name: Coult's elev  
 Address: Richmond  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: Craig Telephone: (802) 3559983 Fax: \_\_\_\_\_  
 Other Operator (demolition/general): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_

**VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:**  
see test Report

**VII. Approximate Amount of Asbestos Materials:**

	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)					
Surface Area (square feet)					
Facility Components (cubic feet)					

**VIII. Scheduled Dates Demolition or Renovation:** Start: 10-5-2020 Complete: 11-1-2020

**IX. Dates for Asbestos Removal (MM/DD/YY)** Start: \_\_\_\_\_ Complete: \_\_\_\_\_

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:							

\* If section is not applicable please indicate on form.

\* Attach additional documentation if necessary.