

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CT Dept of Economic & Community Development
 Attn: Ms. Catherine Smith
 505 Hudson Street
 Hartford, CT 06106



9590 9403 0297 5155 3414 74

2. Article Number (Transfer from service label)

7016 0340 0000 2040 1738

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *J. C. C. C.* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-8-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®**OFFICIAL USE**

Certified Mail Fee

\$ 3.30

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|---|---------|
| <input checked="" type="checkbox"/> Return Receipt (hardcopy) | \$ 2.10 |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage

\$ 46

Total Postage and Fees

\$ 6.46

Postmark Here

CT Dept of Economic & Community Development
 Attn: Ms. Catherine Smith
 505 Hudson Street
 Hartford, CT 06106

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CTDEEP Aquifer Protection Program
 Attn: Director
 79 Elm Street
 Hartford, CT 06107



9590 9403 0297 5155 3414 98

2. Article Number (Transfer from service label)

7016 0340 0000 2040 1752

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* *N. S. S.* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-11-16

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®**OFFICIAL USE**

Certified Mail Fee

\$ 3.30

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|---|---------|
| <input checked="" type="checkbox"/> Return Receipt (hardcopy) | \$ 2.70 |
| <input type="checkbox"/> Return Receipt (electronic) | \$ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ |
| <input type="checkbox"/> Adult Signature Required | \$ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ |

Postage

\$ 46

Total Postage and Fees

\$ 6.46

Postmark Here

CTDEEP Aquifer Protection Program
 Attn: Director
 79 Elm Street
 Hartford, CT 06107

Did not receive Btm receipt



CERTIFIED MAIL



7015 0640 0002 8376 0960
7015 0640 0002 8376 0960

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ <u>3.30</u>	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy) \$ <u>2.10</u>	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ <u>.46</u>	
Total Postage and Fees \$ <u>6.46</u>	
Sent To	
Street and Apt. No., or PO	U.S. National Park Service
City, State, ZIP+4®	Attn: Mr. Bob Vogel
PS Form 3800, April 20	1100 Ohio Drive, SW
	Washington, DC 20242

U.S.
Attn: 1100 Wash

Mabbett®
Scientists | Engineers | Program Managers
Mabbett & Associates, Inc.
5 Alfred Circle
Bedford, MA 01730-2318



Mabbett & Associates, Inc.
5 Alfred Circle
Bedford, MA 01730-2318
Tel. 781-275-6050
info@mabbett.com
www.mabbett.com

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

June 30, 2016

U.S. National Park Service
Attn: Mr. Bob Vogel
1100 Ohio Drive, SW
Washington DC 20242

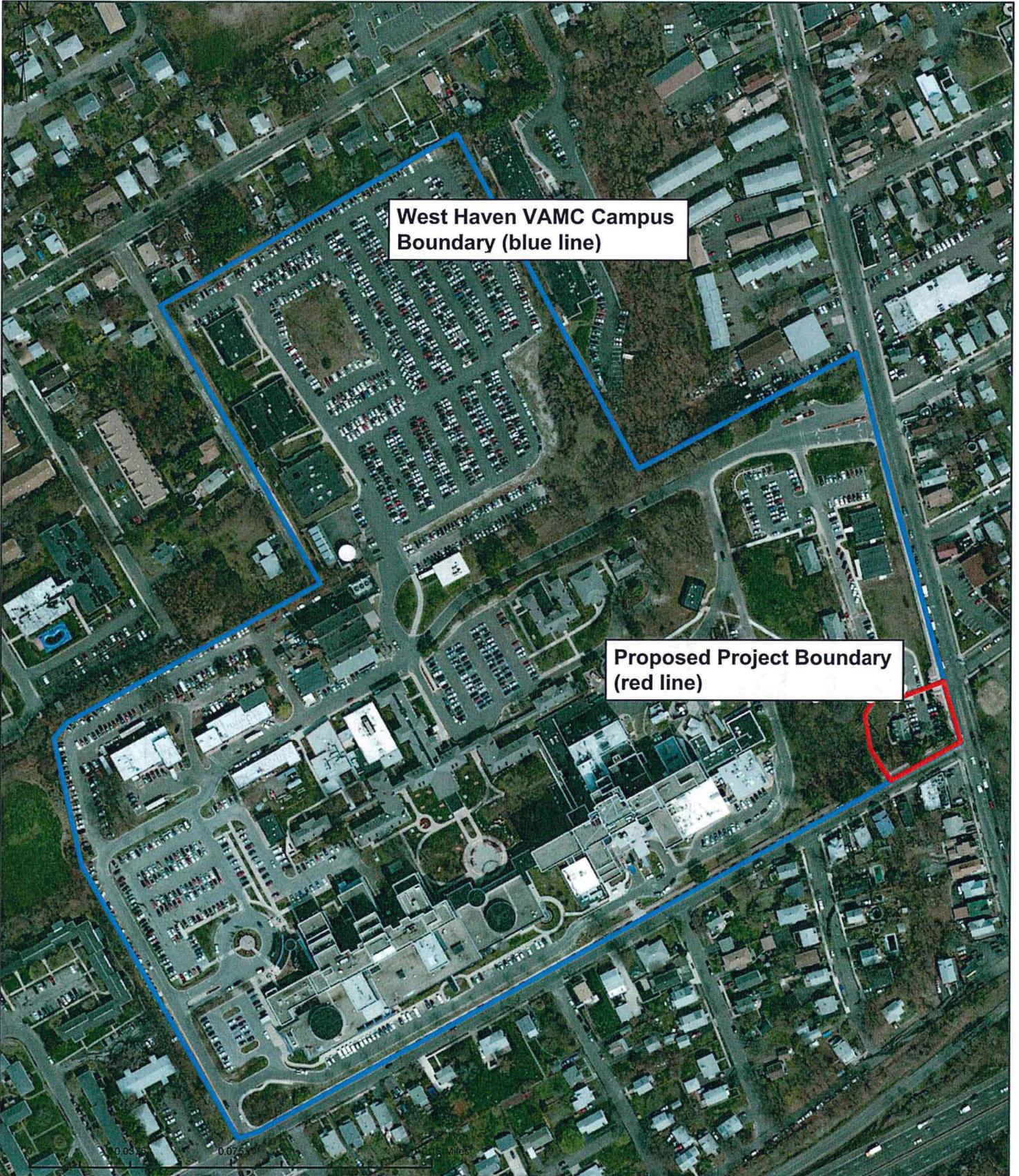
Dear Mr. Vogel:

The U.S. Department of Veterans Affairs (VA) is preparing an Environmental Assessment (EA) to identify, analyze, and document the potential physical, environmental, cultural, and socioeconomic impacts associated with the Department of Veterans Affairs (VA's) Proposed Action, which is the acceptance of funding from the Fisher House Foundation to construct a 16-suite Fisher House at the West Haven Veterans Affairs Medical Center (West Haven VAMC) located at 950 Campbell Avenue in West Haven, New Haven County, Connecticut. Fisher Houses provide a "home away from home" in a supportive environment, offering veterans or families of veterans a free place to stay while the veteran receives inpatient care at the VAMC. The Fisher House would be located in the southeastern portion of the West Haven VAMC, in the current location of "Building 14". Under the Proposed Action, funding would be provided for the demolition of "Building 14" (including abatement of lead and asbestos) prior to site civil/environmental engineering and construction of the Fisher House. Funding would also be provided to repair the West Haven VAMC Campbell Avenue gate and brick masonry wall. Following construction, the Fisher House would be donated to the VA, and the West Haven VAMC will assume responsibility for staffing and maintenance and operation of the Fisher House.

Currently, there are 65 Fisher Houses nationwide, all near military hospitals or VA facilities. Since 1990, Fisher Houses across the nation have provided services to over 250,000 families who have stayed more than 5.8 million days, saving them a combined \$282 million in hotel and transportation costs. VA Fisher Houses must be located on or within walking distance of the VAMC. Fisher Houses are professionally furnished and decorated in the style of the local region. They feature private suites with private baths and common areas, including kitchens, laundry facilities, dining rooms, living rooms, and libraries.

The EA is currently being prepared in accordance with the regulations for implementing the procedural provisions of the National Environmental Policy Act (NEPA), (Public Law 91-190, 42 U.S.C. 4321-4347 January 1, 1980), amendments, and VA's implementing regulations (38 CFR Part 26).

As we prepare the Draft EA, please let us know if the U.S. National Park Service has any information available that would assist VA in the evaluation of the Proposed Action, or if additional consultation is requested. Please review this request and RSVP within 30 days of receipt. Additionally, once the Draft EA is complete and becomes available for a 30-day public comment period, your organization will be notified again and provided an opportunity to provide comments on that document. The VA will consider and incorporate those comments and responses in the subsequent Final EA. Additionally, the VA plans to hold a public scoping meeting to discuss and inform the general public about the



West Haven VAMC Campus
Boundary (blue line)

Proposed Project Boundary
(red line)

Mabbett
Scientists | Engineers | Program Managers
5 Alfred Circle
Bedford MA, 01730
T. (781) 275-6050
www.mabbett.com
© 2016, Mabbett & Associates, Inc.

SITE MAP

**West Haven VAMC
West Haven, Connecticut**

Figure No.1
Scale: See Scale Bar
Drawn: KEH Approved: AMG
Projection: NAD83, feet
Date: 6/21/2016



ŒŮÙÒÞÖŸÃ

Šã Œ Ÿ Ò) çã[] { ^ } çŮŮ^! { Ÿ • Ÿ ç Ÿ Ÿ çã çã çã } • Á

ŒÛWT ÚVQJÞÙKÁ

V@Á{ III, ā * Áæ ~ {] cā } • Á ^!^Á æ^ÁÁ Á@Á^c!{ ā æā } Á -Á^~ ā^ { ^ } • Á{ |Á |{ æ Áæ } áÁ } [cāæā] • KÁ

V@Á{ cÁæ^æÁ -Áā c!āæ & Á{ |Á@ÁÚ! [] [• áÁcā] Á Á • Ácā Á Áæ! ÉÁV @ Á Áæ^áÁ } Á@Á { III, ā * KÁ

- Á ∈ Ī Áæ!^Á -Áā c!āæ & Á{ |ā * Á{ } • d~ &ā } Á -Á@Ác @!ÁP [~ • Á Éæ Á!^•^ } c!áÁ Á@Á cā @!ÁP [~ • Á{ | [b & Ácā H Ī ÁT ^{ [Áæ^áÁT æ Á ÉGEFÍ ÁC!ā } Á!Ácā } Ác • [&æ • ÉÁ GEFÍ DÁÁ

- Á ∈ Ī Áæ!^Á |Á@Á [|c@!Áæ^æÁ æ ā * Á{ cÁæ@Á^ • Ácā } ÁcÉ ŒÉæ Á!^•^ } c!áÁ Á@Á] [b & Á{ |!^•^] [] á^ } & Á^c ^ } ÁcÉ ŒÉæ Á^ • Ácā } ÁcÉ ŒÉæ } áÁT æ^áÁæ^áÁR | Á FÍ ÉGEFÍ ÉÁ

Ú@ ~ |áÁ@Á{ cÁæ^æÁ -Áā c!āæ & Á{ |Áæ ^ Á @æ^Á -Á@ÁÚ! [] [• áÁcā] Á & Áæ^áÁæ [ç^ÁÁ æ!É@Á{ III, ā * Á^!{ æ^~ ā^ { ^ } • Á @|Á^Á^cā æ^áÁ

Permit or Notification	Remarks	Fisher House Facility Design Consultant	Construction Contractor (for Construction, Demolition or Abatement)	West Haven VAMC
EISA 438 Compliance Determination Memo	No a specific permit or notification, but design must demonstrate compliance with EISA 438 to the maximum extent technically feasible for any project footprint over 5,000 square feet. Separate compliance determinations must be made for the Fisher House project phase and the parking lot phase of the Proposed Action.	Prepare memo for Fisher House project phase. For the parking lot phase, the A/E firm responsible for that phase would prepare memo.	Construct project(s) according to approved design.	Review and approve memo.

Permit or Notification	Remarks	Fisher House Facility Design Consultant	Construction Contractor (for Construction, Demolition or Abatement)	West Haven VAMC
Demolition Permit (submitted to the City of West Haven Building Department, which the State has delegated authority to)	<p>See the following for details for Demolition Permit: http://www.cityofwesthaven.com/documentcenter/view/293</p> <p>The demolition permit statute is: 2012 Connecticut General Statutes: <i>Title 29 - Public Safety and State Police, Chapter 541 - Building, Fire and Demolition Codes. Fire Marshals and Fire Hazards. Safety of Public and Other Structures.</i></p>		Demolition contractor is responsible for obtaining permit and that includes preparation, signature and submittal of permit application. Provide WH VAMC copies of permit application and permit.	Include requirement in RFP for construction contractor
Asbestos Abatement Notification to the CT Department of Health	<p>At least 10 days prior to asbestos abatement activities, an asbestos abatement notification shall be made by the CT-licensed abatement contractor to the CTDPH.</p> <p>There is no similar notification process required for lead abatement specific to this project.</p>		<p>Abatement contractor is responsible for preparation of notification document, signature and submittal. Provide WH VAMC copies of notification.</p> <p>The asbestos abatement plan must be prepared by a CT-licensed project designer.</p>	Include requirement in RFP for construction contractor.

Permit or Notification	Remarks	Fisher House Facility Design Consultant	Construction Contractor (for Construction, Demolition or Abatement)	West Haven VAMC
Soil Erosion and Sedimentation Control Plan consistent with <i>Connecticut General Statutes §22a-327(5)</i> ("CGS")	<p>A Soil Erosion and Sedimentation Control Plan must be prepared by a licensed engineer, but it does not require approval by CTDEEP or the local municipality.</p> <p>Separate SESC Plans are required for the Fisher House project phase and the parking lot phase of the Proposed Action.</p>	<p>Prepare plan and obtain signature of WH VAMC.</p> <p>For the parking lot phase, the A/E firm responsible for that phase would prepare the SESC Plan.</p>	Implement plan	Sign and include requirement to implement plan in RFP for construction contractor.
CTDEEP-compliant Construction and Demolition Waste Management Plan, and submit an Application Form for Special Waste or Asbestos Disposal Authorization (DEP-WEED-APP-200) to apply for a Special Waste Disposal Authorization (authorized under Sections 22a-208a-1, 22a-209-1, and 22a-209-8 of the Regulations of Connecticut State Agencies (RCSA))	Submit prior to demolition.		Prepare and implement plan	Sign and include requirement to implement plan in RFP for demolition/construction contractor.
CTDPH Notification of Demolition Form (optional, see remarks)	<p>Submit 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. Fee is \$50.</p> <p>The submission of the Notification of Demolition Form is not required provided that an Asbestos Abatement Notification Form was previously submitted to the CTDPH 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.</p>		Prepare and submit form.	Review and approve form.

ŒÚÒÞÖŸÁ

Ô~ !!^} á) åÁ Ć ĉ !^Á! [b & á Á @ Á ^ • c P æ ^ } Á æ c ! Á | æ } Á

Á

Á

VACT HCS - West Haven

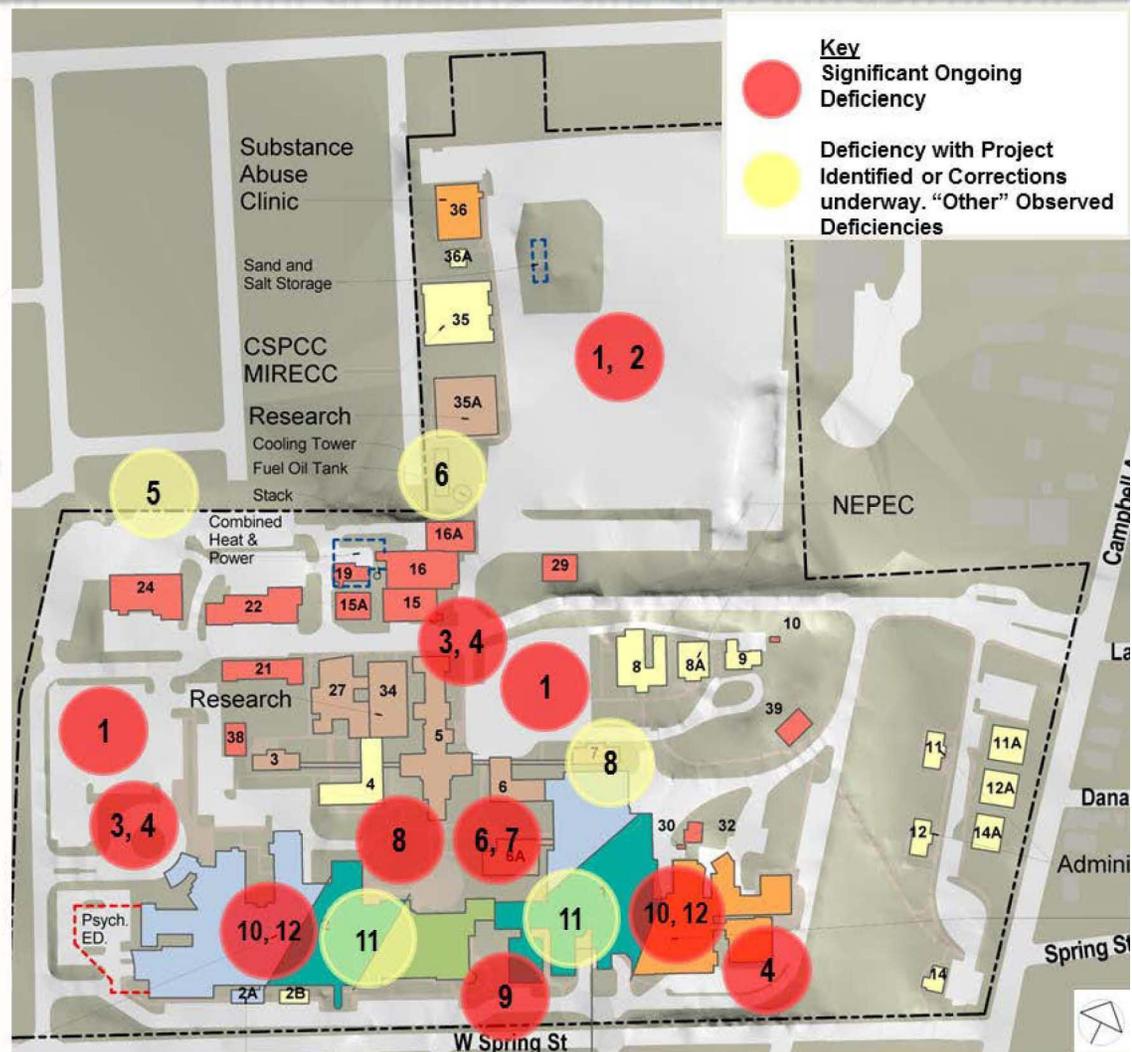
Critical Needs: Site and Infrastructure

Site

1. Parking Capacity
2. Parking Location
3. Wayfinding
4. Traffic/ Pedestrian Safety
5. Physical Security & Mission Critical Deficiencies

Infrastructure

6. Chiller Plant/ Chilled Water Loop
7. Steam Distribution
8. Replace Load Centers
 - 1A Funded (OR's)
 - 5 & 2A Need Remains (Elevators)
9. Electrical Capacity-single substation, single pole
10. Water Distribution Upgrades (Legionella)
11. Multiple System Replacement Needs (FA, NC, MG)
12. Water Infiltration: Skin & Low Roofs, Sump Pumps



VACT HCS - West Haven

Site Development Opportunities

[A, B, C, D]

- Freestanding Buildings

[E, F, G, H, I]

- Potential Additions

