



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Date Received 1

Date Received 2

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

 WO# 856738
 EIE - Boiler Replacement Project

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one): <input type="checkbox"/> Revision (highlight here, and changes) <input type="checkbox"/> Postponement Date of Initial Notification or, if previously revised, date of last revision: _____	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> Annual Notification
2.	PROJECT LOCATION (check one): <input type="checkbox"/> Allegheny County <input checked="" type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): _____	
3.	For Allegheny County and City of Philadelphia projects only: A. Does this project require a permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.) B. For City of Philadelphia projects requiring a permit: Asbestos project inspector: <u>Mike Panepresso</u> Certification #: <u>9010137</u> Company name: <u>Criterion Laboratories, Inc.</u> Address: <u>3370 Progress Drive, Suite J</u> City: <u>Bensalem</u> State: <u>PA</u> Zip: <u>19020</u> Phone: <u>215-244-1300</u>	
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).	
5.	TYPE OF OPERATION (check one): <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Abatement prior to Demolition <input type="checkbox"/> Emergency Renovation	
6.	FACILITY DESCRIPTION: Job No.: <u>2013511001.1</u> (see instructions) Facility Name: <u>Penn Treaty Middle School</u> Street/Rural Address: <u>600 East Thompson Street</u> City: <u>Philadelphia</u> State: <u>PA</u> Zip Code: <u>19125-3492</u> Present use: _____ Prior use: _____ Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Facility size in square feet: <u>144500</u> # of floors: <u>7</u> Age in years: <u>84</u>	
7.	ABATEMENT CONTRACTOR: Company name: <u>School District of Philadelphia</u> Allegheny County or City of Philadelphia License # (if applicable): <u>30</u> Street/Rural/POB Address: <u>440 North Broad Street</u> City: <u>Philadelphia</u> State: <u>PA</u> Zip: <u>19130</u> Contact: <u>Francine Locke</u> Telephone No. (between 8:00 & 4:30): <u>215 400-4750</u>	

8. DEMOLITION CONTRACTOR:
 Company name: _____
 Street/Rural/POB Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

9. FACILITY OWNER:
 Owner name: School District of Philadelphia
 Street/Rural/POB Address: 440 North Broad Street
 City: Philadelphia State: PA Zip: 19130
 Contact: Francine Locke Telephone No. (between 8:00 & 4:30): 215 400-4750

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: _____ Certification # _____
 Date of inspection: _____ Is any material assumed to be asbestos? ☐ Yes ☒ No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT ☒ Yes ☐ No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	ACPI	Room 308/309 below ceiling	11	LF	REM	PCM
FRI	ACPM	Room 308/309 below ceiling	3	LF	REM	PCM
FRI	ACPM	Room 307 below ceiling	1	LF	REM	PCM
FRI	ACPI	Room 306 below ceiling	62	LF	REM	TEM
FRI	ACPM	Room 306 above ceiling	24	LF	REM	TEM
FRI	ACPM	Room 306 below ceiling	1	LF	REM	TEM
FRI	ACPM	Room 306 above ceiling	3	LF	REM	TEM
FRI	ACPI	Room 305 below ceiling	26	LF	REM	PCM

Code *	Code **	Code ***	Code ****
Type of ACM	Units	Type of abatement	Final Clearance
FRI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy
NF1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy
NF2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure	
(Note: Allegheny County treats all ACM as friable)		NON - None	

13. Is this project regulated by NESHAP ☐ Yes ☒ No
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: 11/4/2013 Completion Date: 8/31/2014
 Daily hours of operation: 300 ☐ am ☒ pm to 1130 ☐ am ☒ pm
 Days of week (check) ☒ Mo ☒ Tu ☒ We ☒ Th ☒ Fr ☒ Sa ☐ Su
- B. Demolition: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- C. Renovation: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

COMMENTS:

Saturday hours, if necessary, will be 7AM-3:30PM.

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Abatement is being performed in order for capital project activities to proceed.

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Standards set forth in the ACR for non-friable removals, glove bag removals or containment of work area locations will be followed based on the items outlined in Box #12 of this notification.

17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: Super Kwik
 Street/Rural Address: 200 Park Drive
 City: Voorhees State: NJ Zip: 08043-1130
 Contact: Dave O'Brien Telephone: 609-428-4400
- B. Transporter #2 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

18. WASTE DISPOSAL SITE(S): **(any asbestos containing material)**

- A. Landfill name: Dauphin Meadows DEP permit #: 101539
 Street/Rural Address: Route 209-Road #1
 City: Millsburn State: PA Zip: 17000
 Contact: Randy Sylvester Telephone: 717-362-3056
- B. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S)

- A. Company name/individual: Criterion Laboratories, Inc.
 Street/Rural Address: 3370 Progress Drive, Suite J
 City: Bensalem State: PA Zip: 19020
 Contact: Mike Panepresso Telephone: 215-244-1300
- B. Final clearance firm: (if different than 19A) _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- Final clearance firm was hired by (check one) ☐ Contractor ☒ Owner
☐ Other Explain _____

20. AIR SAMPLE FIRM(S) **(City of Philadelphia projects only)**

- A. PCM company name/individual: Criterion Laboratories, Inc. Certification #: 106
 Street/Rural Address: 3370 Progress Drive, Suite J
 City: Bensalem State: PA Zip: 19020
 Contact: Mike Panepresso Telephone: 215-244-1300
- B. TEM company name: International Asbestos Testing Laboratories Inc. (IATL) Certification #: 101
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: Frank Ehrenfeld Telephone: 856-231-9449

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ ☐ am ☐ pm

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____

Name of individual who ordered: _____ Title: _____

Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: Ian Forster Certification #: 035653Contractor (Individual): School District of Philadelphia Certification #: 30Supervisor: Locke, Francine - F L Certification #: _____

Contractor (Firm) _____ Certification #: _____

* * * * * SIGN BOTH STATEMENTS * * * * *

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

_____ 10/18/2013
 (Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Francine Locke Title: Environmental Director

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

_____ 10/18/2013
 (Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Francine Locke Title: Environmental Director

FOR OFFICIAL USE ONLY

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

CONTINUATION PAGE.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	ACPI	Room 305 above ceiling	20	LF	REM	PCM
FRI	ACPM	Room 305 below ceiling	1	LF	REM	PCM
FRI	ACPM	Room 305 above ceiling	9	LF	REM	PCM
FRI	ACPI	Room 305A below ceiling	42	LF	REM	TEM
FRI	ACPM	Room 305A above ceiling	3	LF	REM	TEM
FRI	ACPM	Room 305A below ceiling	4	LF	REM	TEM
FRI	ACPM	Room 305A above ceiling	2	LF	REM	TEM
FRI	ACPI	Room 304 below ceiling	2	LF	REM	PCM
FRI	ACPI	Room 304 above ceiling	8	LF	REM	PCM
FRI	ACPM	Room 304 above ceiling	4	LF	REM	PCM
FRI	ACPI	Room 303 below ceiling	84	LF	REM	TEM
FRI	ACPI	Room 303 above ceiling	6	LF	REM	TEM
FRI	ACPM	Room 303 below ceiling	3	LF	REM	TEM
FRI	ACPM	Room 303 below ceiling	5	LF	REM	TEM
FRI	ACPI	Room 302 below ceiling	20	LF	REM	PCM
FRI	ACPI	Room 302 above ceiling	8	LF	REM	PCM
FRI	ACPM	Room 302 above ceiling	4	LF	REM	PCM
FRI	ACPI	Boy's Restroom across Room 301 below ceiling	55	LF	REM	TEM
FRI	ACPM	Boy's Restroom across Room 301 below ceiling	4	LF	REM	TEM
FRI	ACPI	Room 323 below ceiling	65	LF	REM	TEM
FRI	ACPM	Room 323 below ceiling	5	LF	REM	TEM
FRI	ACPI	Room 322 below ceiling	48	LF	REM	TEM
FRI	ACPI	Room 322 above ceiling	26	LF	REM	TEM
FRI	ACPM	Room 322 above ceiling	5	LF	REM	TEM
FRI	ACPI	Custodial Closet across Room 301 below ceiling	12	LF	REM	PCM
FRI	ACPI	Pipechase in Custodial Closet across Room 301 below ceiling	20	LF	REM	PCM

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

CONTINUATION PAGE.

FRI	ACPFI	Pipechase in Custodial Closet across Room 301 below ceiling	4	LF	REM	PCM
FRI	ACPI	Room 301 below ceiling	46	LF	REM	TEM
FRI	ACPI	Room 301 above ceiling	6	LF	REM	TEM
FRI	ACPFI	Room 301 above ceiling	5	LF	REM	TEM
FRI	ACPI	Room 322A below ceiling	1	LF	REM	PCM
FRI	ACPI	Room 321 below ceiling	35	LF	REM	PCM
FRI	ACPI	Room 321 above ceiling	3	LF	REM	PCM
FRI	ACPFI	Room 321 below ceiling	4	LF	REM	PCM
FRI	ACPI	Office next to Room 320 below ceiling	36	LF	REM	PCM
FRI	ACPFI	Office next to Room 320 below ceiling	3	LF	REM	PCM
FRI	ACPI	Girls Restroom across Room 319 below ceiling	20	LF	REM	PCM
FRI	ACPFI	Girls Restroom across Room 319 below ceiling	3	LF	REM	PCM
FRI	ACPI	Womens Faculty next to Room 319 below ceiling	35	LF	REM	PCM
FRI	ACPI	Womens Faculty next to Room 319 above ceiling	1	LF	REM	PCM
FRI	ACPFI	Womens Faculty next to Room 319 below ceiling	7	LF	REM	PCM
FRI	ACPFI	Womens Faculty next to Room 319 above ceiling	2	LF	REM	PCM
FRI	ACPI	Pipechase in Custodial Closet next to Room 319 below ceiling	10	LF	REM	PCM
FRI	ACPFI	Pipechase in Custodial Closet nex to Room 319 below ceiling	1	LF	REM	PCM
FRI	ACPI	Room 317A below ceiling	20	LF	REM	PCM
FRI	ACPI	Room 317A above ceiling	2	LF	REM	PCM
FRI	ACPFI	Room 317A above ceiling	3	LF	REM	PCM
FRI	ACPFI	Room 319 above ceiling	<1	LF	REM	PCM
FRI	ACPI	Room 318 below ceiling	22	LF	REM	PCM
FRI	ACPI	Room 318 above ceiling	8	LF	REM	PCM
FRI	ACPFI	Room 318 below ceiling	<1	LF	REM	PCM
FRI	ACPFI	Room 318 above ceiling	4	LF	REM	PCM
FRI	ACPI	Room 317 below ceiling	32	LF	REM	PCM

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

CONTINUATION PAGE.

FRI	ACPI	Room 317 above ceiling	24	LF	REM	PCM
FRI	ACPM	Room 317 below ceiling	1	LF	REM	PCM
FRI	ACPM	Room 317 above ceiling	2	LF	REM	PCM
FRI	ACPI	Room 316 below ceiling	69	LF	REM	TEM
FRI	ACPI	Room 316 above ceiling	3	LF	REM	TEM
FRI	ACPM	Room 316 below ceiling	6	LF	REM	TEM
FRI	ACPM	Room 314 below ceiling	4	LF	REM	PCM
FRI	ACPI	Room 313 below ceiling	12	LF	REM	PCM
FRI	ACPI	Room 313 above ceiling	3	LF	REM	PCM
FRI	ACPM	Room 313 below ceiling	2	LF	REM	PCM
FRI	ACPM	Room 313 above ceiling	<1	LF	REM	PCM
FRI	ACPI	Room 312 below ceiling	42	LF	REM	TEM
FRI	ACPI	Room 312 above ceiling	3	LF	REM	TEM
FRI	ACPM	Room 312 below ceiling	6	LF	REM	TEM
FRI	ACPI	3rd Floor Hallway below ceiling	360	LF	REM	TEM
FRI	ACPI	3rd Floor Hallway above ceiling	52	LF	REM	TEM
FRI	ACPM	3rd Floor Hallway below ceiling	3	LF	REM	TEM
FRI	ACPM	3rd Floor Hallway above ceiling	30	LF	REM	TEM
FRI	ACPI	Room 404 below ceiling	90	LF	REM	TEM
FRI	ACPI	Room 404 above ceiling	5	LF	REM	TEM
FRI	ACPM	Room 404 below ceiling	1	LF	REM	TEM
FRI	ACPI	Staff Lounge nex to Room 404 below ceiling	25	LF	REM	PCM
FRI	ACPI	Staff Lounge nex to Room 404 above ceiling	1	LF	REM	PCM
FRI	ACPM	Staff Lounge nex to Room 404 below ceiling	2	LF	REM	PCM
FRI	ACPI	Lounge across Room 403 below ceiling	15	LF	REM	PCM
FRI	ACPI	Lounge across Room 403 above ceiling	1	LF	REM	PCM
FRI	ACPI	Room 402A below ceiling	30	LF	REM	PCM
FRI	ACPI	Room 402A above ceiling	2	LF	REM	PCM

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

CONTINUATION PAGE.

FRI	ACPI	Room 403 above ceiling	2	LF	REM	PCM
FRI	ACPI	Room 402 below ceiling	15	LF	REM	PCM
FRI	ACPI	Room 402 above ceiling	1	LF	REM	PCM
FRI	ACPI	Boy's Restroom across from Room 401 below ceiling	24	LF	REM	PCM
FRI	ACPI	Boy's Restroom across Room 401 below ceiling	2	LF	REM	PCM
FRI	ACPI	Custodial Closet Pipechase across Room 401 below ceiling	25	LF	REM	PCM
FRI	ACPI	Custodial Closet Pipechase across Room 401 below ceiling	1	LF	REM	PCM
FRI	ACPI	Room 401 below ceiling	25	LF	REM	PCM
FRI	ACPI	Kitchen Serving Area below ceiling	20	LF	REM	PCM
FRI	ACPMI	Kitchen Serving Area below ceiling	4	LF	REM	PCM
FRI	ACPI	Kitchen below ceiling	150	LF	REM	TEM
FRI	ACPI	Kitchen below ceiling	30	LF	REM	TEM
FRI	ACPMI	Kitchen below ceiling	23	LF	REM	TEM
FRI	Tank Insulation	Kitchen	10	SF	REM	TEM
FRI	ACPI	Kitchen Office below ceiling	35	LF	REM	PCM
FRI	ACPMI	Kitchen Office below ceiling	7	LF	REM	PCM
FRI	ACPI	Kitchen Freezer Area below ceiling	60	LF	REM	TEM
FRI	ACPMI	Kitchen Freezer Area above ceiling	4	LF	REM	TEM
FRI	ACPI	Custodial Closet Pipechase across Room 414 below ceiling	20	LF	REM	PCM
FRI	ACPMI	Custodial Closet Pipechase across Room 414 below ceiling	2	LF	REM	PCM
FRI	ACPI	Room 413 below ceiling	8	LF	REM	PCM
FRI	ACPI	Faculty Womens Restroom nex to Room 414 above ceiling	15	LF	REM	PCM
FRI	ACPI	Room 412A below ceiling	25	LF	REM	PCM
FRI	ACPI	Room 412A above ceiling	1	LF	REM	PCM
FRI	ACPMI	Room 412A below ceiling	1	LF	REM	PCM

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

CONTINUATION PAGE.

FRI	ACPI	Room 406 below ceiling	40	LF	REM	TEM
FRI	ACPI	Room 406 above ceiling	2	LF	REM	TEM
FRI	ACPI	Room 405 below ceiling	15	LF	REM	PCM
FRI	ACPI	4th Floor Hallway below ceiling	220	LF	REM	TEM
FRI	ACPI	4th Floor Hallway above ceiling	16	LF	REM	TEM
FRI	ACPMI	4th Floor Hallway below ceiling	9	LF	REM	TEM
FRI	ACPMI	4th Floor Hallway above ceiling	4	LF	REM	TEM