


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# 1621081, 1621083, 1621084,
 1621085, 1621086, 1621087,
 1621091, 1621094, 1621096,
 1621098
 Damage

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 type="checkbox"/> Yes <input checked="" 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>2017402001.1</u> (see instructions) Facility Name: <u>Overbrook High School</u> Street/Rural Address: <u>5898 Lancaster Avenue</u> City: <u>Philadelphia</u> State: <u>PA</u> Zip Code: <u>19131-3495</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>289621</u> # of floors: <u>3</u> Age in years: <u>90</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: <u>School District of Philadelphia</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>						
10. FACILITY INSPECTION (required for renovation and demolition projects): Building inspector: _____ Certification # _____ Date of inspection: _____ Is any material assumed to be asbestos? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: _____						
<input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	Classroom 321 (1621081)	2	LF	CAP	PCM
FRI	ACPI	Classroom 320 (1621083)	1	LF	CAP	PCM
FRI	ACPI	Fan Room Blower Room (1621084)	1	LF	CAP	PCM
FRI	ACPM	Fan Room Blower Room (1621084)	<1	LF	CAP	PCM
FRI	ACPI	Old Boy's Large Locker Room (1621085)	3	LF	CAP	PCM
FRI	ACPM	Old Boy's Large Locker Room (1621085)	1	LF	CAP	PCM
FRI	ACPM	Old Boy's Small Upper Locker Room (1621086)	<1	LF	CAP	PCM
FRI	ACPI	Old Boy's Large Locker Room Restroom (1621087)	1	LF	CAP	PCM
Code * <u>Type of ACM</u> FRI - Friable ACM NF1 - Cat I nonfriable ACM NF2 - Cat II nonfriable ACM (Note: Allegheny County treats all ACM as friable)	Code ** <u>Units</u> LF - Linear ft. SF - Square ft. CF - Cubic ft.	Code *** <u>Type of abatement</u> REM - Removal CAP - Encapsulation CLO - Enclosure NON - None	Code **** <u>Final Clearance</u> PCM - Phase contrast microscopy TEM - Transmission electron microscopy			
13. Is this project regulated by NESHAP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: 12/22/2016 Completion Date: 1/6/2017
 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:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Abatement is being performed in order for maintenance repairs 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) <div style="margin-left: 20px;"> A. Landfill name: <u>Dauphin Meadows</u> DEP permit #: <u>101539</u> Street/Rural Address: <u>Route 209-Road #1</u> City: <u>Millsburn</u> State: <u>PA</u> Zip: <u>17000</u> Contact: <u>Randy Sylvester</u> Telephone: <u>717-362-3056</u> </div> <div style="margin-left: 20px; margin-top: 10px;"> B. Landfill name: _____ DEP permit #: _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ </div>
19.	AIR MONITORING FIRM(S) <div style="margin-left: 20px;"> A. Company name/individual: <u>Criterion Laboratories, Inc.</u> Street/Rural Address: <u>3370 Progress Drive, Suite J</u> City: <u>Bensalem</u> State: <u>PA</u> Zip: <u>19020</u> Contact: <u>Mike Panepresso</u> Telephone: <u>215-244-1300</u> </div> <div style="margin-left: 20px; margin-top: 10px;"> B. Final clearance firm: (if different than 19A) _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ Final clearance firm was hired by (check one) <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Other Explain _____ </div>
20.	AIR SAMPLE FIRM(S) (City of Philadelphia projects only) <div style="margin-left: 20px;"> A. PCM company name/individual: <u>Criterion Laboratories, Inc.</u> Certification #: <u>106</u> Street/Rural Address: <u>3370 Progress Drive, Suite J</u> City: <u>Bensalem</u> State: <u>PA</u> Zip: <u>19020</u> Contact: <u>Mike Panepresso</u> Telephone: <u>215-244-1300</u> </div> <div style="margin-left: 20px; margin-top: 10px;"> B. TEM company name: _____ Certification #: _____ Street/Rural Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone: _____ </div>
21.	FOR EMERGENCY RENOVATIONS: Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ <input type="checkbox"/> am <input type="checkbox"/> 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: Bartivic, John Certification #: 3058

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.

(Original Signature of Owner/Operator) 12/21/2016 (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.

(Original Signature of Owner/Operator) 12/21/2016 (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	Old Girl's Large Locker Room (1621091)	1	LF	CAP	PCM
FRI	ACPFI	Old Girl's Small Upper Locker Room (1621094)	1	LF	CAP	PCM
FRI	ACPI	Pipe Shaft outside Classroom 305 (1621096)	1	LF	CAP	PCM
FRI	ACPI	Pipe Shaft in Hallway outside Classroom 419 (1621098)	2	LF	CAP	PCM