



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# 1621055, 1563764, 1621058,
1621060, 1621061, 1621066,
1621068, 1621070, 1621071
IEQ Assessment

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 <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Cancellation Date of Initial Notification or, if previously revised, date of last revision: _____	<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>Michael Russo</u> Certification #: <u>9013004</u> Company name: <u>Synertech, Inc.</u> Address: <u>2208 South Broad Street</u> City: <u>Philadelphia</u> State: <u>PA</u> Zip: <u>19145</u> Phone: <u>215-755-2305</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"/> Abatement prior to Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6.	FACILITY DESCRIPTION: Job No.: <u>2017229001.1</u> (see instructions) Facility Name: <u>Franklin Learning Center</u> Street/Rural Address: <u>616 North 15th Street</u> City: <u>Philadelphia</u> State: <u>PA</u> Zip Code: <u>19130-3990</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>150000</u> # of floors: <u>7</u> Age in years: <u>108</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 ****
NF1	VAT	Room 400 Computer Closet (1621055)	725	SF	REM	PCM
FRI	ACPI	Classroom 301 (1563764)	37	LF	REM	PCM
NF1	VAT	Office 312A (1621058)	50	SF	REM	PCM
FRI	ACPI	IMC 221 (1621060)	7	LF	REM	PCM
FRI	ACPI	Classroom 100 (1621061)	14	LF	REM	PCM
FRI	ACPI	IT MDF Room 106 (1621066)	1	LF	REM	PCM
FRI	ACPI	Music Classroom 133 (1621068)	2	LF	REM	PCM
FRI	ACPI	Girl's Locker Room & Laundry Area (1621070)	4	LF	REM	PCM

Code *
Type of ACM

FRI - Friable ACM
 NF1 - Cat I nonfriable ACM
 NF2 - Cat II nonfriable ACM
 (Note: Allegheny County
 treats all ACM as friable)

Code **
Units

LF - Linear ft.
 SF - Square ft.
 CF - Cubic ft.

Code ***
Type of abatement

REM - Removal
 CAP - Encapsulation
 CLO - Enclosure
 NON - None

Code ****
Final Clearance

PCM - Phase contrast microscopy
 TEM - Transmission electron microscopy

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: 12/19/2016 Completion Date: 1/27/2016
 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 to comply with AHERA regulations.

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: Synertech, Inc.
 Street/Rural Address: 2208 South Broad Street
 City: Philadelphia State: PA Zip: 19145
 Contact: Andrew McMahon Telephone: 215-755-2305
- 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: Synertech, Inc. Certification #: 207
 Street/Rural Address: 2208 South Broad Street
 City: Philadelphia State: PA Zip: 19145
 Contact: Andrew McMahon Telephone: 215-755-2305
- B. TEM company name: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

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: Andrew McMahon Certification #: 023686Contractor (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) 12/16/2016 (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) 12/16/2016 (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	Kitchen - above 2 small freezers (1621071)	4	LF	REM	PCM