

From: Citizenserve Support <contactus@citizenserve.com>
To: JENN6501 <JENN6501@AOL.COM>
Subject: City of Philadelphia NESHAP Application Email
Date: Mon, Dec 19, 2016 11:29 am

NESHAP regulated projects require paper copies of applications with your signature. Please see the copy of your Asbestos Notification below. You must print, sign, and mail or hand-deliver your application to AMS to complete the application process. The signed form must be received by AMS within 72 hours of the electronic submission.

A photocopy of this notification must be sent to EPA Region III at the address below. EPA's telephone number is 215-814-2164/215-814-2135.

Asbestos NESHAP Coordinator (3WC32)
US EPA Region III
1650 Arch Street
Philadelphia, PA 19103-2029

Asbestos Notification Application

Permit #: AN16-001718

Application Date: 12/06/2016

Applicant: PEPPER ENVIRONMENTAL SERVICES

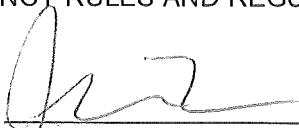
Notification Type:	Initial
Revision Type:	
Does the project involve removal, enclosure, or encapsulation of 40 linear or 80 square feet or more of friable asbestos containing material?	Yes
Cost of Abatement:	20000.00
Asbestos Project Inspector:	Ian Forster
Project type:	Major Removal Project
Alternative Method Request	
Vinyl Asbestos Tile Abatement:	
Non-friable methodology to be used:	
Amount of non-friable material:	
Section not in compliance:	
Reason:	
Alternative:	
Type of Operation	
Type of Operation:	Renovation
Date of Emergency:	
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:	
Description of planned work:	
Date of Order:	

Date ordered to begin:	
Government Agency and Name of Individual that Ordered the Demolition:	
Government Agency:	
Facility Description	
Facility Name:	Mayfair Elementary School
Facility Owner Name:	School District of Philadelphia
Facility Owner Address:	440 N. Broad St. Philadelphia, PA
Facility Contact Name:	Jerry Junod
Facility Contact Phone:	215-400-6738
Job #:	
Present Use:	School
Prior Use:	School
Will the Facility be occupied during the abatement?	Yes
Facility Square Feet:	
# of Floors:	
Age in years:	
Demolition Contractor:	
Facility Inspection: (Required for renovation and demolition projects)	
Certified Asbestos Investigator:	
Inspection Date:	
Is any material assumed to be asbestos?	
Building is ID and in danger of collapse:	
Procedure used to detect the presence of asbestos:	
Is any asbestos present?	Yes
Total Linear Feet of Friable Material:	
Total Square Feet of Friable Material:	
Total Cubic Feet of Friable Material:	
Total Linear Feet of Non-Friable Material:	
Total Square Feet of Non-Friable Material:	
Total Cubic Feet of Non-Friable Material:	
Is this project regulated by NESHAP:	Yes
Work Schedule	
Start and Completion Dates:	12/27/2016 to 01/06/2017
Hours of Operation:	07:00 AM - 03:30 pm
Days of the week:	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Schedule Comments:	
Description of work practices and controls:	full containment
Primary Waste Transporter:	service transport group -
Secondary Waste Transporter:	service transport group -
Primary Landfill:	Minerva Landfill -
Secondary Landfill:	
Air Monitoring Firm:	Criterion Labs -

Final Clearance Firm:	EMSL Analytical Inc -
TEM Laboratory:	
PCM Laboratory:	
Unexpected asbestos procedures:	
Pennsylvania Certifications and Licenses	
Contractor:	PEPPER ENVIRONMENTAL SERVICES
PA License #:	C0054A
Project Designer:	
Certification #:	
Supervisor:	Jose Castillo
PA License #:	036055

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

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.

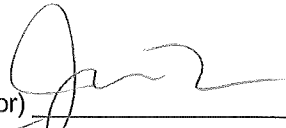
(Original Signature of Owner/Operator) 

(Date)

12-20-16

Printed Name of Owner/Operator: John NivenTitle: Dir of Oper

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) 

(Date)

12-20-16

Printed Name of Owner/Operator: John NivenTitle: Dir of Oper

Type of ACM Listing

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.

[illegible]

Code *

Type of ACM

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