



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only	Date Received 1	Date Received 2
Postmark Date: _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Project ID#: _____		
Permit #: _____		
Other #: _____		
Inspector: _____		

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one):	<input type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
	<input checked="" type="checkbox"/> Revision (highlight here, and changes)	<input type="checkbox"/> Phase of Annual Notification	
	<input type="checkbox"/> Postponement	<input type="checkbox"/> Cancellation	
	Date of Initial Notification or, if previously revised, date of last revision: <u>9-9-15</u>		
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>Don Heim</u>		Certification #: <u>901-0140</u>
	Company name: <u>Vertex Companies</u>		
	Address: <u>Crossroads Ctr., 1120 Baltimore Pike, Suite 201</u>		
	City: <u>Glen Mills</u>	State: <u>PA</u>	Zip: <u>19342</u> Phone: <u>610-787-0402</u>
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Abatement prior to Demolition
		<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Emergency Renovation
6.	FACILITY DESCRIPTION: Job No.: _____ (see instructions)		
	Facility Name: <u>Solis-Cohen Elementary School</u>		
	Street/Rural Address: <u>7001 Horrocks Street</u>		
	City: <u>Philadelphia</u>	State: <u>PA</u>	Zip Code: <u>19149</u>
	Present use: <u>school</u>	Prior use: <u>same</u>	
	Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Facility size in square feet: <u>65000</u>	# of floors: <u>2</u>	Age in years: <u>+/-100</u>
7.	ABATEMENT CONTRACTOR:		
	Company name: <u>Pepper Environmental Services, Inc.</u>		
	Allegheny County or City of Philadelphia License # (if applicable): <u>204</u>		
	Street/Rural/POB Address: <u>2251 Fraley Street</u>		
	City: <u>Philadelphia</u>	State: <u>PA</u>	Zip: <u>19137</u>
	Contact: <u>Steven Pepper</u>	Telephone No. (between 8:00 & 4:30): <u>215-533-5155</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 N. Broad St.
 City: Philadelphia State: PA Zip: 19130
 Contact: Jerry Junod Telephone No. (between 8:00 & 4:30): 215-400-4750

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: Bernie Bryson Certification # 031-0006
 Date of inspection: 3/21/14 Is any material assumed to be asbestos? Yes No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:
Review of AHERA reports and bulk samples with PLM analysis

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 and Mastic	main entrance	48	SF	REM	PCM
NF1	VAT and Mastic	main lobby-17 locations 9sf each	153	SF	REM	PCM
NF1	VAT and Mastic	main lobby-hallways to G wing	56	SF	REM	PCM
NF1	VAT and Mastic	cafeteria-21 locations 9sf each	189	SF	REM	PCM
NF1	VAT and Mastic	hallway to F wing - 3 locations 9sf each	27	SF	REM	PCM
NF1	VAT and Mastic	kitchen-3 locations 9 sf each	27	SF	REM	PCM
NF1	VAT and Mastic	D wing hallway outside room 16	9	SF	REM	PCM
NF1	VAT and Mastic	H wing hallway outside room 35	9	SF	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.

PSIT-Solis-Cohen School

CODE	DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code **	Code ***	Code ****
NF1	VAT and Mastic	A wing school offices hallway-35 locations 9sf each	315 SF	SF	REM	PCM
FRI	asbestos contaminated tunnels filled with concrete	Tunnel A	15000 SF	SF	CLO	
FRI	asbestos contaminated tunnels filled with concrete	Tunnel E	18000 SF	SF	CLO	
NF1	VAT (double layer)	main entrance	500 SF	SF	REM	PCM

14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: 9-2-15 Completion Date: 9-18-15
 Daily hours of operation: 6:00 am pm to 6:30 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:

All work will adhere to all Federal, State, and Local regulations currently in effect.

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:

- Full containment
-
- Glove bag removal
-
- ***Non-Friable Abatement***
-
- Cut & Wrap
-
- Tent Procedures
-
- Critical Barriers with Negative Air
-
-
-
-

17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: Service Transport Group
 Street/Rural Address: 58 Pyles Lane
 City: New Castle State: DE Zip: 19720
 Contact: Dave Telephone: 302-778-5930
- B. Transporter #2 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

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

- A. Landfill name: BFI Imperial Landfill DEP permit #: 100620
Street/Rural Address: 11 Boggs Road
City: Imperial State: PA Zip: 15126
Contact: Bernie Wilson Telephone: 724-695-0900
- B. Landfill name: _____ DEP permit #: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S)

- A. Company name/individual: Vertex Companies, LLC
Street/Rural Address: Crossroads Ctr., 1120 Baltimore Pike, Suite 201
City: Glen Mills State: PA Zip: 19342
Contact: Don Heim Telephone: 610-787-0402
- 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: Don Heim Certification #: 901-0140
Street/Rural Address: Crossroads Ctr., 1120 Baltimore Pike, Suite 201
City: Glen Mills State: PA Zip: 19342
Contact: Don Heim Telephone: 610-787-0402
- B. TEM company name: EMSL Analytical Certification #: 137
Street/Rural Address: 200 Route 130 North
City: Cinnaminson State: NJ Zip: 08077
Contact: Gary Perlmutter Telephone: 800-200-3675

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): _____

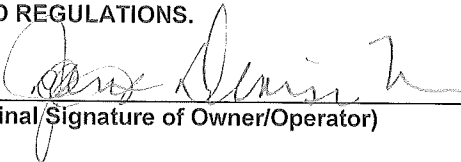
23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
Work shall be stopped and removal methods evaluated by the on-site engineers hired by the owner. AMS will be notified immediately if unexpected & concealed ACM is identified.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____ Certification #: _____
Contractor (Individual): Walter Armbruster Certification #: 020475
Supervisor: Jose Castillo Certification #: 036055
Contractor (Firm) Pepper Environmental Services, Inc. Certification #: C0054A

***** 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.

 9-10-15
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Denise M. Niven Title: Administrative Assistant

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.

 9-10-15
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Denise M. Niven Title: Administrative Assistant

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