# ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

## For Official Use Only

<table>
<thead>
<tr>
<th>Postmark Date:</th>
<th>Date Received 1</th>
<th>Date Received 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project ID#:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permit #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspector:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Refer to the attached instructions for information and requirements.

## 1. TYPE OF NOTIFICATION (check one):

- [ ] Initial
- [ ] Annual Notification
- [ ] Revision (highlight here, and changes)
- [ ] Phase of Annual Notification
- [ ] Postponement
- [ ] Cancellation

Date of Initial Notification or, if previously revised, date of last revision:

## 2. PROJECT LOCATION (check one):

- [ ] Allegheny County
- [ ] City of Philadelphia
- [ ] Other Location in PA (specify county): ________________

## 3. For Allegheny County and City of Philadelphia projects only:

A. Does this project require a permit? [ ] Yes  [ ] 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: ____________________________ Certification #: ____________

Company name: ____________________________

Address: ____________________________

City: ____________________________ State: _____ Zip: _________ Phone: ______________

## 4. WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED?  [ ] Yes  [ ] 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):

- [ ] Abatement prior to Demolition
- [ ] Demolition
- [ ] Ordered Demolition
- [ ] Renovation
- [ ] Emergency Renovation

## 6. FACILITY DESCRIPTION:

<table>
<thead>
<tr>
<th>Job No.: ____________________________ (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name: ____________________________</td>
</tr>
<tr>
<td>Street/Rural Address: ____________________________</td>
</tr>
<tr>
<td>City: ____________________________ State: PA Zip Code: _________</td>
</tr>
<tr>
<td>Present use: ____________________________ Prior use: ____________________________</td>
</tr>
<tr>
<td>Will the facility be occupied during the abatement activity?  [ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Facility size in square feet: ____________ # of floors: ____________ Age in years: ____________</td>
</tr>
</tbody>
</table>

## 7. ABATEMENT CONTRACTOR:

Company name: ____________________________

Allegheny County or City of Philadelphia License # (if applicable): ____________________________

Street/Rural/POB Address: ____________________________

City: ____________________________ State: _________ Zip: _________

Contact: ____________________________ Telephone No. (between 8:00 & 4:30): ____________________________
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: _____________________________________________

Street/Rural/POB Address: __________________________________

City: _____________________________ State: ________________ Zip: ____________

Contact: __________________________ Telephone No. (between 8:00 & 4:30): ________

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.

<table>
<thead>
<tr>
<th>Code *</th>
<th>Description of material</th>
<th>Location of material (room/floor/area)</th>
<th>Amount of ACM</th>
<th>Code **</th>
<th>Code ***</th>
<th>Code ****</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Code *</th>
<th>Type of ACM</th>
<th>Code **</th>
<th>Code ***</th>
<th>Code ****</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRI</td>
<td>Friable ACM</td>
<td>LF</td>
<td>REM</td>
<td>PCM</td>
</tr>
<tr>
<td>NF1</td>
<td>Cat I nonfriable ACM</td>
<td>SF</td>
<td>CAP</td>
<td>TEM</td>
</tr>
<tr>
<td>NF2</td>
<td>Cat II nonfriable ACM</td>
<td>CF</td>
<td>CLO</td>
<td></td>
</tr>
</tbody>
</table>

(Note: Allegheny County treats all ACM as friable)

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)**

<table>
<thead>
<tr>
<th>Schedule Type</th>
<th>Start Date</th>
<th>Completion Date</th>
<th>Daily Hours of Operation</th>
<th>Days of Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Asbestos abatement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Demolition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Renovation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**

15. **DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

17. **WASTE TRANSPORTER(S)**

<table>
<thead>
<tr>
<th>Transporter</th>
<th>Name</th>
<th>Street/Rural Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Contact</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Transporter #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Transporter #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
18. WASTE DISPOSAL SITE(S): (any asbestos containing material)
   A. Landfill name: _______________________________ DEP permit #: ____________
      Street/Rural Address: __________________________________________________
      City: _________________________ State: _____________ Zip: _______________
      Contact: _______________________________ Telephone: __________________
   B. Landfill name: _______________________________ DEP permit #: ____________
      Street/Rural Address: __________________________________________________
      City: _________________________ State: _____________ Zip: _______________
      Contact: _______________________________ Telephone: __________________

19. AIR MONITORING FIRM(S)
   A. Company name/individual: _____________________________________________
      Street/Rural Address: __________________________________________________
      City: _________________________ State: _____________ Zip: _______________
      Contact: _______________________________ Telephone: __________________
   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: _________________________________________
      Certification #: _________________
      Street/Rural Address: _________________________________________
      City: _________________________ State: _____________ Zip: _______________
      Contact: _______________________________ Telephone: __________________
   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: ______________________________ Certification #: __________
   Contractor (Individual): __________________________ Certification #: __________
   Supervisor: ______________________________ 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.

   ________________________________________________________________
   (Original Signature of Owner/Operator) __________________________ (Date)

   Printed Name of Owner/Operator: __________________________ Title: __________

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 UNSIGNED FALSIFICATION TO AUTHORITIES.

   ________________________________________________________________
   (Original Signature of Owner/Operator) __________________________ (Date)

   Printed Name of Owner/Operator: __________________________ Title: __________

FOR OFFICIAL USE ONLY
ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

Complete all applicable sections of the notification. Fax copies are not accepted, as the notification must be certified with an original signature. To avoid a violation by failure to report, it would be prudent to submit a notification regardless of friability of materials. This form is used to satisfy the notification requirements of the following agencies:

- PA Department of Environmental Protection
- PA Department of Labor and Industry
- Allegheny County Health Department
- City of Philadelphia Department of Public Health
- US Environmental Protection Agency

Questions relative to specific filing requirements and enforcement regulations should be directed to the governing agency. Addresses and phone numbers are listed on the reverse. Do not mail original notifications to the Department of Labor and Industry.

Special Notations:
- All REVISIONS to a previous notification should be highlighted
- Item #5 - Check the box that best describes the entire project
- Item #6 - The "Job No." portion of this Item is provided for those contractors who assign a unique job # to their projects
- Item #12 - Please provide the information in the format requested
- If additional space is needed for any descriptive text, please continue on a blank sheet, and attach

For projects in all areas except Allegheny County and the City of Philadelphia, this Notification and subsequent revisions (one original only, no copies) must be submitted to the following address.

<table>
<thead>
<tr>
<th>Regular Mail</th>
<th>Overnight/Express Mail/Hand Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASBESTOS NOTIFICATION</td>
<td>ASBESTOS NOTIFICATION</td>
</tr>
<tr>
<td>DEP BUREAU OF AIR QUALITY</td>
<td>DEP BUREAU OF AIR QUALITY</td>
</tr>
<tr>
<td>PO BOX 8468</td>
<td>400 MARKET STREET</td>
</tr>
<tr>
<td>HARRISBURG, PA 17105-8468</td>
<td>HARRISBURG, PA 17101</td>
</tr>
</tbody>
</table>

For projects in Allegheny County or the City of Philadelphia, this form must be submitted to the appropriate address, directly following. Allegheny County requires two copies, the City of Philadelphia, three. If this project requires a permit application, it must be approved prior to the start of the project, and 2 copies must be included with the notification. A copy of the facility inspection survey must also be included for all demolition projects. Do not send these documents directly to Harrisburg.

Allegheny County Health Department
Air Quality Program
Building 7
301 39th Street
Pittsburgh, PA 15201-1891
Attn: Asbestos Abatement Permitting

City of Philadelphia
Department of Public Health
Air Management Services
321 University Avenue
Philadelphia, PA 19104-4597

Allegheny County - A permit is required if the project involves at least 260 linear feet or 160 square feet of any asbestos containing material. For Item #10, the survey must be included for demolition projects. Item #25 should be signed by the Contractor. Item #26 should be signed by the Facility Owner. Information can be obtained by calling 412-578-8133.

City of Philadelphia - A permit is required if the project involves 80 or more square feet or 40 or more linear feet of friable asbestos containing material and does not involve an exempted private residence. Information can be obtained by calling 215-685-7576.

If this project is regulated by the Asbestos NESHAP, a photocopy of this notification must be sent to EPA Region III at the address directly following. 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

Questions regarding completion of the notification form should be directed to 717-772-3993/717-787-9257 or the appropriate enforcement agency listed on the reverse.

REMINDER: Notifications must contain original signatures for items 25 and 26 or they will be returned to the sender, unprocessed. If a notification is returned for original signature, the ten-day reporting period will begin with the postmark date of the resubmitted notification with original signature. -- SEE REVERSE FOR LIST OF CONTACTS --
### STATE AND LOCAL AGENCY CONTACTS

**City of Philadelphia**
City of Philadelphia
Department of Public Health
Air Management Services
Asbestos Control Unit
321 University Avenue
Philadelphia, PA  19104-4597
215-685-7576

**Allegheny County**
Allegheny County Health Department
Air Quality Program
Building 7
301 39th Street
Pittsburgh, PA  15201-1891
412-578-8133

**All Other Counties**
Bradford, Cameron, Centre, Clearfield, Clinton,
Columbia, Lycoming, Montour, Northumberland,
Potter, Snyder, Sullivan, Tioga, and Union

Carbon, Lackawanna, Lehigh, Luzerne, Monroe,
Northampton, Pike, Schuylkill, Susquehanna,
Wayne, and Wyoming

Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson,
Lawrence, McKean, Mercer, Venango, and Warren

Adams, Bedford, Berks, Blair, Cumberland, Dauphin,
Franklin, Fulton, Huntingdon, Juniata, Lancaster,
Lebanon, Mifflin, Perry, and York

Bucks, Chester, Delaware, and Montgomery

Armstrong, Beaver, Cambria, Fayette, Greene,
Indiana, Somerset, Washington, and Westmoreland

**Labor & Industry Contact**
Department of Labor and Industry
Bureau of Occupational and Industrial Safety
Seventh and Forster Streets - Room 155E
Harrisburg, PA  17120
717-772-3396