



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only	Date Received 1	Date Received 2
Postmark Date: _____		
Project ID#: _____		
Permit #: _____		
Other #: _____		
Inspector: _____		

NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

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 type="checkbox"/> Initial <input type="checkbox"/> Annual Notification <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Cancellation
2.	PROJECT LOCATION (check one): <input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): _____ <input type="checkbox"/> Municipality (specify): _____	
3.	FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY: A. Does this project require a permit? <input 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: _____ Certification #: _____ Company name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input 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 all that apply): <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6.	FACILITY DESCRIPTION: Job No.: _____ (see instructions) Facility Name: _____ Street/Rural Address: _____ City: _____ State: <u>PA</u> Zip Code: _____ Present use: _____ Prior use: _____ Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Facility size in square feet: _____ # of floors: _____ Age in years: _____	
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.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****

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.

14. OPERATION SCHEDULE(S) (as applicable):

- A. Asbestos abatement: Start Date: _____ Completion Date: _____
Daily hours of operation: _____ am pm to _____ 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:

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):

- A. Transporter #1 name: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

- B. Transporter #2 name: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

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 UNSWORN FALSIFICATION TO AUTHORITIES.

(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: _____ Title: _____

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