



## 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.

Regular Mail  
ASBESTOS NOTIFICATION  
DEP BUREAU OF AIR QUALITY  
PO BOX 8468  
HARRISBURG, PA 17105-8468

Overnight/Express Mail/Hand Delivery  
ASBESTOS NOTIFICATION  
DEP BUREAU OF AIR QUALITY  
400 MARKET STREET  
HARRISBURG, PA 17101

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  
Asbestos Control Unit  
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 19103-2029

**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.

## 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

### DEP Contact

DEP Northcentral Region  
208 West 3rd Street - Suite 101  
Williamsport, PA 17701-6448  
570-327-3638

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

DEP Northeast Region  
2 Public Square  
Wilkes-Barre, PA 18711-0790  
570-826-2531

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

DEP Northwest Region  
230 Chestnut Street  
Meadville, PA 16335-3481  
814-332-6940

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

DEP Southcentral Region  
909 Elmerton Avenue  
Harrisburg, PA 17110  
717-705-4702

Bucks, Chester, Delaware, and Montgomery

DEP Southeast Region  
2 East Main Street  
Norristown, PA 19401  
484-250-5920

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

DEP Southwest Region  
400 Waterfront Drive  
Pittsburgh, PA 15222-4745  
412-442-4174

### Labor & Industry Contact

Department of Labor and Industry  
Bureau of Occupational and Industrial Safety  
Seventh and Forster Streets - Room 1623  
Harrisburg, PA 17120  
717-772-3396



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:

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15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

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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:

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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: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**