**ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM**

**For Official Use Only**

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<th>Postmark Date:</th>
<th>Date Received 1</th>
<th>Date Received 2</th>
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**COMMONWEALTH OF PENNSYLVANIA**
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY

**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):**
   - [ ] 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:**
   - **Job No.: _______________________ (see instructions)**
   - Facility Name: ____________________________________________
   - Street/Rural Address: ____________________________________________
   - City: __________________________ State: PA Zip Code: ____________
   - Present use: __________________________ Prior use: __________________________
   - Will the facility be occupied during the abatement activity? [ ] Yes  [ ] 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.

<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>
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<tbody>
<tr>
<td>Type of ACM</td>
<td>Units</td>
<td>Type of abatement</td>
<td>Final Clearance</td>
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<tr>
<td>FRI - Friable ACM</td>
<td>LF - Linear ft.</td>
<td>REM - Removal</td>
<td>PCM - Phase contrast microscopy</td>
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<tr>
<td>NF1 - Cat I nonfriable ACM</td>
<td>SF - Square ft.</td>
<td>CAP - Encapsulation</td>
<td>TEM - Transmission electron microscopy</td>
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<tr>
<td>NF2 - Cat II nonfriable ACM</td>
<td>CF - Cubic ft.</td>
<td>CLO - Enclosure</td>
<td>NON - None</td>
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</table>
(Nota: 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)

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 #: ____________

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**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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