



## 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 provided. **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

The PA DEP Central Office is no longer processing the asbestos demo/reno notification form. Do not send the notification form to the P.O. Box 8468 or the 400 Market Street, Harrisburg address. The notification submission addresses, listed below, are to be used depending on the county location of your project:

If the facility address is in Bucks, Chester, Delaware, or Montgomery Counties, send your notification information to:

PA DEP Southeast Region  
Asbestos Notification  
2 East Main Street  
Norristown, PA 19401-4915  
Telephone: 484-250-5920

If the facility address is in Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, or Wyoming Counties, send your notification information to:

PA DEP Northeast Region  
Asbestos Notification  
2 Public Square  
Wilkes-Barre, PA 18701-1915  
Telephone: 570-826-5547

If the facility address is in Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, or York Counties, send your notification information to:

PA DEP Southcentral Region  
Asbestos Notification  
909 Elmerton Avenue  
Harrisburg, PA 17110-8200  
Telephone: 717-705-4702

If the facility address is in Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, or Union Counties, send your notification information to:

PA DEP Northcentral Region  
Asbestos Notification  
208 West Third Street, Suite 101  
Williamsport, PA 17701-6448  
Telephone: 570-321-6580

If the facility address is in Beaver, Cambria, Fayette, Greene, Somerset, Washington, or Westmoreland Counties, send your notification formation to:

PA DEP Southwest Region  
Asbestos Notification  
400 Waterfront Drive  
Pittsburgh, PA 15222-4745  
Telephone: 412-442-5214 for Beaver, Greene, and Washington Counties  
Telephone: 724-925-5428 for Cambria, Fayette, Somerset, and Westmoreland Counties

If the facility address is in Armstrong, Butler, Clarion, Crawford, Elk, Erie, Forest, Indiana, Jefferson, Lawrence, McKean, Mercer, Venango, or Warren Counties, send your notification formation to:

PA DEP Northwest Region  
Asbestos Notification  
230 Chestnut Street  
Meadville, PA 16335-3481  
Telephone: 814-332-6634

**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 as listed.

**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

### 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



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

|                              |   |   |
|------------------------------|---|---|
| <b>For Official Use Only</b> | <b>Date Received 1</b>  | <b>Date Received 2</b>  |
| 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: _____             |   |   |

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. | <b>TYPE OF NOTIFICATION (check one):</b><br><input type="checkbox"/> Revision ( <b>highlight here, and changes</b> )<br><input type="checkbox"/> Postponement<br>Date of Initial Notification or, if previously revised, date of last revision: _____  | <input type="checkbox"/> Initial<br><input type="checkbox"/> Annual Notification<br><input type="checkbox"/> Phase of Annual Notification<br><input type="checkbox"/> Cancellation |
| 2. | <b>PROJECT LOCATION (check one):</b><br><input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA ( <b>specify county</b> ): _____<br><input type="checkbox"/> Municipality ( <b>specify</b> ): _____  |  |
| 3. | <b>FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY:</b><br>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.)<br>B. For City of Philadelphia projects requiring a permit:<br>Asbestos project inspector: _____ Certification #: _____<br>Company name: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____ Phone: _____ |  |
| 4. | WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>(If <b>Yes</b> 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. | <b>TYPE OF OPERATION (check all that apply):</b><br><input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition<br><input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation  |  |
| 6. | <b>FACILITY DESCRIPTION:</b> Job No.: _____ ( <b>see instructions</b> )<br>Facility Name: _____<br>Street/Rural Address: _____<br>City: _____ State: <u>PA</u> Zip Code: _____<br>Present use: _____     Prior use: _____<br>Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Facility size in square feet: _____ # of floors: _____ Age in years: _____   |  |
| 7. | <b>ABATEMENT CONTRACTOR:</b><br>Company name: _____<br>Allegheny County or City of Philadelphia License # (if applicable): _____<br>Street/Rural/POB Address: _____<br>City: _____ State: _____ Zip: _____<br>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: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**