

2700-FM-AQ0021 Rev. 10/2002

COMMONWEALTH OF PENNSYLVANIA



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Date Received 1

Date Received 2

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1. TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
<input type="checkbox"/> Revision (highlight here, and changes)		<input type="checkbox"/> Phase of Annual Notification	
<input type="checkbox"/> Postponement		<input type="checkbox"/> Cancellation	
Date of Initial Notification or, if previously revised, date of last revision: _____			
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): <u>Lancaster</u>	
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 checked="" 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 one):		<input checked="" type="checkbox"/> Abatement prior to Demolition	
<input type="checkbox"/> Demolition		<input type="checkbox"/> Renovation	
<input type="checkbox"/> Ordered Demolition		<input type="checkbox"/> Emergency Renovation	
6. FACILITY DESCRIPTION:			
Facility Name: <u>Former UGI/PPL Gas Plant</u>		Job No.: _____ (see instructions)	
Street/Rural Address: <u>421 South Front Street</u>		State: <u>PA</u> Zip Code: <u>17512</u>	
City: <u>Columbia</u>		Present use: <u>Abandoned</u> Prior use: <u>UGI/PPL Gas Plant</u>	
Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Facility size in square feet: <u>Bldg. 1 = 1560 SF</u>		# of floors: <u>1</u>	
		Age in years: <u>100+</u>	
7. ABATEMENT CONTRACTOR:			
Company name: <u>Atlantic Coast Contracting Group, Inc.</u>			
Allegheny County or City of Philadelphia License # (if applicable): _____			
Street/Rural/POB Address: <u>240 Streibeigh Lane</u>			
City: <u>Montoursville</u>		State: <u>PA</u>	Zip: <u>17754</u>
Contact: <u>Michael E. Hughes, President</u>		Telephone No. (between 8:00 & 4:30): <u>570-368-3335</u>	

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Company name: Penn Environmental & Remediation, Inc.Street/Rural/POB Address: 2755 Bergey RoadCity: HatfieldState: PAZip: 19440Contact: Jim VagraTelephone No. (between 8:00 & 4:30): 215-997-9000

9. FACILITY OWNER:

Owner name: PPL Services CorporationStreet/Rural/POB Address: 2 North 9th StreetCity: AllentownState: PAZip: 18101Contact: Craig ShamoryTelephone No. (between 8:00 & 4:30): 610-774-5653

10. FACILITY INSPECTION (required for renovation and demolition projects):

Building inspector: N/A

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 ****
NF2	Roofing & Siding	Roof & Side of Building	Approx - 6000	SF	REM	N/A

Code *

Type of ACM

Code **

Units

Code ***

Type of abatement

Code ****

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.

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14. OPERATION SCHEDULE(S) (as applicable)

A. Asbestos abatement:

Start Date: 4/2/2007

Completion Date: 4/6/2007

Daily hours of operation:

7:00

☒ am ☐ pm

to

7:00

☐ 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:

Wet removal

17. WASTE TRANSPORTER(S)

A. Transporter #1 name: Elk Environmental

Street/Rural Address: 1420 Clarion Street

City: Reading

State: PA

Zip: 19601

Contact:

Telephone: 610-372-4760

B. Transporter #2 name:

Street/Rural Address:

City:

State:

Zip:

Contact:

Telephone:

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18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

A. Landfill name: Frey Farm LandfillDEP permit #: 101389Street/Rural Address: Route 441City: ConestogaState: PAZip: 17516Contact: Jack LousheTelephone: 717-871-6420

B. Landfill name: _____

DEP permit #: _____

Street/Rural Address: _____

City: _____

State: _____

Zip: _____

Contact: _____

Telephone: _____

19. AIR MONITORING FIRM(S)

A. Company name/individual: N/A

Street/Rural Address: _____

City: _____

State: _____

Zip: _____

Contact: _____

Telephone: _____

B. Final clearance firm: (if different than 18A) _____

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: N/A

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:

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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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:
Full containment and notify all parties.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____	Certification #: _____
Contractor (Individual): <u>Michael E. Hughes, President</u>	Certification #: <u>001833</u>
Supervisor: <u>Bill Stockton, Jr.</u>	Certification #: <u>001123</u>
Contractor (Firm) <u>Atlantic Coast Contracting Group, Inc.</u>	Certification #: <u>C0176A</u>

***** 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.

Michael E. Hughes

(Original Signature of Owner/Operator)

3/23/2007

(Date)

Printed Name of Owner/Operator: Michael E. Hughes Title: President

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.

Michael E. Hughes

(Original Signature of Owner/Operator)

3/23/2007

(Date)

Printed Name of Owner/Operator: Michael E. Hughes Title: President

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