



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

*msp*

|  |   |  |
|--|---|--|
| <p><b>For Official Use Only</b></p> <p style="font-size: 2em; font-weight: bold; color: red;">HAND DELIVERED</p> <p>Postmark Date: _____</p> <p>Project ID#: _____</p> <p>Permit #: <u>95248</u></p> <p>Other #: _____</p> <p>Inspector: <u>448 #1</u></p> | <p>Date Received 1: _____</p> <div style="border: 1px solid black; padding: 5px; width: 100%;"> <p style="text-align: center;">ASBESTOS CONTROL UNIT</p> </div> | <p>Date Received 2: _____</p> <div style="border: 1px solid black; padding: 5px; width: 100%;"> <p style="font-size: 1.5em; font-weight: bold;">6/25-7/10</p> </div> |
|--|---|--|

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

|  |   |  |   |
|--|---|--|---|
| 1.   | <p>TYPE OF NOTIFICATION (check one):</p> <p><input type="checkbox"/> Revision (highlight here, and changes)</p> <p><input type="checkbox"/> Postponement</p>  | <p><input checked="" type="checkbox"/> Initial</p> <p><input type="checkbox"/> Phase of Annual Notification</p> <p><input type="checkbox"/> Cancellation</p> | <p><input type="checkbox"/> Annual Notification</p> |
| Date of Initial Notification or, if previously revised, date of last revision: _____ |   |  |   |
| 2.   | <p>PROJECT LOCATION (check one):</p> <p><input type="checkbox"/> Allegheny County      <input checked="" type="checkbox"/> City of Philadelphia      <input type="checkbox"/> Other Location in PA (specify county): _____</p>  |  |   |
| 3.   | <p><b>For Allegheny County and City of Philadelphia projects only:</b></p> <p>A. Does this project require a permit? <input type="checkbox"/> Yes <input checked="" 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.)</p> <p>B. For City of Philadelphia projects requiring a permit:</p> <p>Asbestos project inspector: <u>Theodore Mosher</u> Certification #: <u>369</u></p> <p>Company name: <u>React Environmental Professional Services Group, Inc. (REPSG)</u></p> <p>Address: <u>PO Box 5377</u></p> <p>City: <u>Philadelphia</u> State: <u>PA</u> Zip: <u>19142</u> Phone: <u>215-729-3220</u></p> |  |   |
| 4.   | <p>WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(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).)</p>   |  |   |
| 5.   | <p>TYPE OF OPERATION (check one):</p> <p><input type="checkbox"/> Demolition      <input checked="" type="checkbox"/> Ordered Demolition      <input type="checkbox"/> Renovation      <input type="checkbox"/> Emergency Renovation</p>  |  |   |
| 6.   | <p>FACILITY DESCRIPTION: Job No.: _____ (see instructions)</p> <p>Facility Name: <u>Salvation Army Thrift Store</u></p> <p>Street/Rural Address: <u>2140 Market Street</u></p> <p>City: <u>Philadelphia</u> State: <u>PA</u> Zip Code: <u>19103</u></p> <p>Present use: <u>Thrift Store</u> Prior use: <u>Unknown</u></p> <p>Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Facility size in square feet: <u>2,500</u> # of floors: <u>One with basement</u> Age in years: <u>60+</u></p>  |  |   |
| 7.   | <p>ABATEMENT CONTRACTOR:</p> <p>Company name: _____</p> <p>Allegheny County or City of Philadelphia License # (if applicable): _____</p> <p>Street/Rural/POB Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Contact: _____ Telephone No. (between 8:00 &amp; 4:30): _____</p>   |  |   |

8. DEMOLITION CONTRACTOR:  
 Company name: Mellon Certified Restoration  
 Street/Rural/POB Address: 436 South Lansdowne Avenue  
 City: Yeadon State: PA Zip: 19050  
 Contact: James Mellon Telephone No. (between 8:00 & 4:30): 610-622-5860

9. FACILITY OWNER:  
 Owner name: INC Trustees of the Salvation Army in PA  
 Street/Rural/POB Address: 701 N. Broad Street  
 City: Philadelphia State: PA Zip: 19123  
 Contact: Major Cranford Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

10. FACILITY INSPECTION (required for renovation and demolition projects):  
 Building inspector: Theodore Mosher Certification # 369  
 Date of inspection: 6/25/13 Is any material assumed to be asbestos?  Yes  No  
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:  
No sampling performed, no ACMs identified to date. Building is ID and in danger of collapse.

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: 6/25/13 Completion Date: est 7/10/13  
Daily hours of operation: 7:00 X am  pm to 4:00  am X pm  
Days of week (check) X Mo X Tu X We X Th X 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:

Removal of debris from collapsed building from sidewalks along 22<sup>nd</sup> Street and Market Street. Removal of debris from remaining floor structure of building first floor. Removal of floor structure of first floor. Removal of contents and debris from basement. Break up concrete basement floor. Backfill basement with clean fill, top with 8 inches of soil.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Water spray to control dust emissions. An Asbestos Investigator will be present throughout demolition activities to identify/sample suspected ACMs if/where encountered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: EHS Environmental, Inc.  
Street/Rural Address: 411 Southgate Court, Suite E  
City: Mickleton State: New Jersey Zip: 08056  
Contact: Mr. Jack Carney Telephone: 856-224-0080
- 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: EHS Environmental Inc. Certification #: \_\_\_\_\_  
Street/Rural Address: 411 Southgate Court, Suite E  
City: Mickleton State: New Jersey Zip: 08056  
Contact: Jack Carney Telephone: 856-224-0080
- B. TEM company name: EMSL (if needed) Certification #: 137  
Street/Rural Address: 200 Route 130 North  
City: Cinnaminson State: New Jersey Zip: 08077  
Contact: \_\_\_\_\_ Telephone: 800-220-3675

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: Contractual Services Unit & Phila L & I Case #386023  
Name of individual who ordered: Inspector Mc Carthy & Otis Haigler, Jr. Title: Contractual Services Unit & Director,  
Neighborhood and Emergency Services  
Date of order (mm/dd/yy): 06/14/13 Date ordered to begin (mm/dd/yy): 06/14/13 (Immediately)

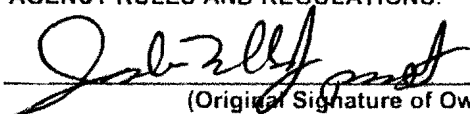
23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:  
Any suspect ACMs will be moistened with water spray, halt activities in the area until an amended notification is submitted, and an asbestos abatement team is mobilized to site to properly abate materials in accordance with applicable regulations/requirements.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Contractor (Individual): Jim Mellon Certification #: PA004644  
Supervisor: Tom O' Grady Certification #: PA004644  
Contractor (Firm) Mellon Certified Restoration Certification #: PA004644


\*\*\*\*\* 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.

 \_\_\_\_\_ 6/25/13  
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: James A. Mellon Jr. 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.

 \_\_\_\_\_ 6/25/13  
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: James A. Mellon Jr. Title: President

FOR OFFICIAL USE ONLY

## Instructions



## 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

**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. -- SEE REVERSE FOR LIST OF CONTACTS --

## 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

#### DEP Contact

Bradford, Cameron, Centre, Clearfield, Clinton,  
Columbia, Lycoming, Montour, Northumberland,  
Potter, Snyder, Sullivan, Tioga, and Union

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 19401-4915  
484-250-5900

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 155E  
Harrisburg, PA 17120  
717-772-3396



CITY OF PHILADELPHIA  
DEPARTMENT OF LICENSES AND INSPECTIONS

Contractual Services Unit  
Municipal Services Building  
1401 J.F. Kennedy Blvd.  
Rm. 1140  
Philadelphia, PA 19102

### VIOLATION NOTICE

INC TRUSTEES OF THE SALVATION ARMY IN PA

701 N BROAD ST  
PHILADELPHIA PA. 191232402

Case No: 386023

Subject Premises: 2140 MARKET ST

Date of Notice: 06/14/13

This is to inform you that the Department of Licenses and Inspections has inspected the subject premises and declared it **IMMINENTLY DANGEROUS**, in whole or in part, within the meaning of the Philadelphia Property Maintenance Code, Section PM-308.0 Imminently Dangerous Structures.

You are hereby ordered to **IMMEDIATELY** demolish or repair the said premises as necessary to correct the violations below.

If you fail to comply with this order, the City may demolish the structure and stucco the party walls exposed by demolition in accordance with all provisions of the Code. You, the owner, will be billed for all costs incurred including an administrative fee. Failure to pay such bill will result in the City filing a lien in the amount against the title to the premises and/or costs and charges being recovered by a civil action brought against you. (See PM-308.6)

**THIS NOTICE IS FINAL.** Once the city has begun demolition it will be necessary to secure legal action for you to halt that demolition.

If you intend to appeal this violation, you must apply at Boards Administration, Public Services 11th Floor, Municipal Services Building, 1401 John F. Kennedy Blvd., Philadelphia, PA 19102, within 5 days of the date of this notice. Telephone inquiries concerning appeal process can be directed to 215-686-2419. It is necessary that you submit a copy of this notice with the appeal. (See A-801.2)

If you have any questions regarding this notice, you may call the Contractual Services Unit at 215-686-2588.

Inspector MC CARTHY  
Contractual Services Unit

#### **VIOLATIONS:**

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The Department has inspected the construction excavation at this location and designated it as unsafe.

A construction excavation where no work has been done within the past six months shall be deemed unsafe, unless the developer or property owner:

1. Submits a report to the Department from a professional engineer registered in the Commonwealth of Pennsylvania certifying that the excavation is safe; and
2. Provides a suitable barrier to prevent trespass; and
3. Maintains the site in a sanitary condition free from any trash or refuse; and
4. Provides a plan that explains, to the satisfaction of the Department, how the excavation site will be kept safe and secure.

You must refill and properly grade the excavation or meet the four requirements above. You





CITY OF PHILADELPHIA  
DEPARTMENT OF LICENSES AND INSPECTIONS

Contractual Services Unit  
Municipal Services Building  
1401 J.F. Kennedy Blvd.  
Rm. 1140  
Philadelphia, PA 19102

**VIOLATION NOTICE**

INC TRUSTEES OF THE SALVATION ARMY IN PA  
701 N BROAD ST  
PHILADELPHIA PA, 191232402

must also correct any specific conditions listed below. (See PM-307.1.2)

Important additional information:

If you fail to comply with this order the City may eliminate the unsafe condition(s) using its own forces or by contract and the owner will be billed for all costs incurred including an administrative fee. Failure to pay such bill will result in a lien being placed against the property. (See PM-307.6)

If you intend to appeal this violation, you must apply at Boards Administration, 11th Floor, Municipal Services Building, 1401 John F. Kennedy Blvd., Philadelphia, PA 19102, within five days of the date of this notice. You will need to refer to the account number on this notice to file an appeal. (See A-801.2)

**Location: Basement must be bacfilled after completion of demolition.**

**Status NOT COMPLIED**

The floor/ceiling assembly between the indicated and the floor below of the subject structure is partially collapsed and in imminent danger of further collapse. The structure has therefore been designated as imminently dangerous in accordance with Section 308 of the Philadelphia Property Maintenance Code. You must immediately repair the floor/ceiling assembly or demolish the structure in whole or in part. Please see additional important information below. [See PM-308.1]

**Location: Floor remaining after collapse of 2136 Market on to 2140 Market**

**Status NOT COMPLIED**



City of Philadelphia - Department of Public Health  
 Public Health Services - Air Management Services  
 Asbestos Control Unit - 321 University Ave., 19104

Office Use Only

Date Received L&I.

Date Received AMS

Date Inspected:

Inspector #

# Asbestos Inspection Report

|   |   |                         |
|---|---|-------------------------|
| Name of Building:<br>Salvation Army Thrift Store                    | Address<br>2140 Market Street                         | Phone #<br>N/A          |
| Name of Building Owner:<br>INC Trustees of the Salvation Army in PA | Address<br>701 N. Broad St.<br>Philadelphia, PA 19123 | Phone #<br>215-787-2810 |
| Name of Licensed Investigator:<br>Theodore Mosher                   | License #<br>389                                      | Phone #<br>215-729-3220 |
| Name of Certified Lab:<br>EMSL, Inc. (if needed)                    | License #<br>362500000                                | Phone #<br>856-858-4800 |

Scope of Work: (include all locations)  
 No sampling has been performed at the subject property. Building is imminently dangerous and in danger of collapse. Structure is planned for demolition. A licensed Investigator will be on-site during demolition activities to identify any ACMs.



Could not complete the inspection because the building or a portion of has been declared imminently dangerous (ID) and in danger of collapse.  
**INVESTIGATOR MUST BE ON SITE DURING DEMOLITION!**

Asbestos Containing Material Present?  Yes (List Below)  No

List Asbestos Containing Material (ACM) located in the planned renovation/demolition area(s). Damaged ACM must be listed and then repaired or removed prior to renovation. You (Investigator) must label all ACM that may be left in the work area. Page 1 of 1

| Location | Description | Type<br>(Code 1) | Amount |        | Condition<br>(Code 2) | Action<br>(Code 3) |
|----------|-------------|------------------|--------|--------|-----------------------|--------------------|
|          |             |                  | Square | Linear |                       |                    |
|          |             |                  |        |        |                       |                    |
|          |             |                  |        |        |                       |                    |
|          |             |                  |        |        |                       |                    |
|          |             |                  |        |        |                       |                    |
|          |             |                  |        |        |                       |                    |

**Code 1**

FRI - Friable  
 NF1 - Non-Friable, Cat. 1  
 NF2 - Non-Friable, Cat. 2

**Code 2**

DD - Deteriorated or  
 Delaminated  
 ND - Non-Damaged

**Code 3**

REM - Removal necessary prior to Demo/Reno  
 NRN - No removal necessary, label ACM  
 REP - Repair & Label ACM, removal not necessary

I hereby certify that the foregoing statements are true and the information contained in this report is true. This certification is made subject to the penalties set forth in 18 PA. C.S. S4904 relating to unsworn falsification to authorities. Furthermore I certify that the inspection, sampling, and labeling requirements of section X of the Asbestos Control Regulation (ACR) have been met. The building owner has been notified of the ACR requirements and given a copy of this report. If the inspection has revealed ACM which will be disturbed by the proposed work or if it has revealed ACM in bad condition, the building owner has been notified to remove or repair the ACM in accordance with the ACR prior to renovation or demolition activity.

Signature of Licensed Asbestos Investigator

Date 6/25/2013

Signature of Building Owner

Date:

*Theodore Mosher*

*James J. Smith*

6/25/13



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM *Insp*

For Official Use Only

**HAND DELIVERED**

Postmark Date: \_\_\_\_\_

Project ID#: \_\_\_\_\_

Permit #: \_\_\_\_\_

Other #: 2480713

Inspector: AMS #1

Date Received 1

Date Received 2

[Empty box for Date Received 1]

[Empty box for Date Received 2]

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: jack carney Certification #: \_\_\_\_\_  
Company name: EHS Environmental  
Address: 411 Southgate Court suite E  
City: Mickleton State: NJ Zip: 08056 Phone: 856-224-0080

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: Salvation Army Thrift Store  
Street/Rural Address: 2140 Market Street  
City: Philadelphia State: PA Zip Code: 19103  
Present use: Vacant Prior use: Thrift Store  
Will the facility be occupied during the abatement activity?  Yes  No  
Facility size in square feet: 2500 # of floors: basement Age in years: 60

7. ABATEMENT CONTRACTOR:  
Company name: ACI-Tech, Inc.  
Allegheny County or City of Philadelphia License # (if applicable): 387  
Street/Rural/POB Address: 203 E. 10<sup>th</sup> Street  
City: Marcus Hook State: PA Zip: 19061

Contact: Steve Helms Telephone No. (between 8:00 & 4:30): 610-497-7162

8. DEMOLITION CONTRACTOR:  
 Company name: Mellon Certified Restoration  
 Street/Rural/POB Address: 436 S. Lansdowne Ave  
 City: Yeadon State: PA Zip: 19050  
 Contact: James Mellon Telephone No. (between 8:00 & 4:30): 610-622-5860

9. FACILITY OWNER:  
 Owner name: INC Trustees of the Salvation Army in PA  
 Street/Rural/POB Address: 701 N. Broad Street  
 City: Philadelphia State: PA Zip: 19123  
 Contact: Major Cranford Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

10. FACILITY INSPECTION (required for renovation and demolition projects):  
 Building inspector: Theodore Mosher Certification # 369  
 Date of inspection: 5-25-13 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 **** |
|--------|-------------------------|--|----------------------|---------|----------|-----------|
| NF1    | Floor tile              | Exterior Basement                      | <del>1000</del> 1800 | SF      | REM      | PCM       |
| FRI    | Flue Pack               | Basement                               | 2                    | SF      | REM      | PCM       |
|        |                         |  |                      |         |          |           |
|        |                         |  |                      |         |          |           |
|        |                         |  |                      |         |          |           |
|        |                         |  |                      |         |          |           |
|        |                         |  |                      |         |          |           |

|  |                         |                                      |  |
|--|-------------------------|--------------------------------------|--|
| <b>Code *</b><br>Type of ACM                       | <b>Code **</b><br>Units | <b>Code ***</b><br>Type of abatement | <b>Code ****</b><br>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: 7-6-13 Completion Date: 7-13-13  
 Daily hours of operation: 8:00  am  pm to 6:00  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:

Remove asbestos containing materials as non friables

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

Flood and dyke method of removal for the floor tiles.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: BP Environmental  
 Street/Rural Address: P.O. Box 443  
 City: Springhouse State: PA Zip: 19477  
 Contact: Dave Steinbach Telephone: 215-540-5601
- B. Transporter #2 name: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

A. Landfill name: Grows Landfill DEP permit #: 101494  
 Street/Rural Address: 1513 Bordentown Road  
 City: Morrisville State: PA Zip: 19067  
 Contact: N/A Telephone: 215-736-9475

B. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

19. AIR MONITORING FIRM(S)

A. Company name/individual: EHS Environmental  
 Street/Rural Address: 411 Southgate Court suite E  
 City: Mickleton State: NJ Zip: 08056  
 Contact: Jack Camey Telephone: 856-224-0080

B. Final clearance firm: (if different than 19A) same  
 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: EMSL Certification #: 137  
 Street/Rural Address: 108 Haddon Ave  
 City: Westmont State: NJ Zip: 08108  
 Contact: N/A Telephone: 856-858-4000

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): \_\_\_\_\_

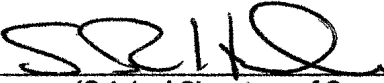
23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:  
halt removal, submit amended notification prior to abatement. according to regulations

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Contractor (Individual): Jack Helms Certification #: 19069  
Supervisor: Steve Helms Certification #: 019372  
Contractor (Firm) ACI-Tech, Inc. Certification #: C0238a

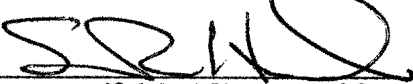
**\*\*\*\*\* SIGN BOTH STATEMENTS \*\*\*\*\***

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.

 7-3-12  
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Steve Helms Title: Estimator

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.

 7-3-12  
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Steve Helms Title: Estimator

**FOR OFFICIAL USE ONLY**

HAND DELIVERED



City of Philadelphia - Department of Public Health  
Public Health Services - Air Management Services  
Asbestos Control Unit - 321 University Av., 19104

Date Received L&I:

Date Received AMS:

Date Inspected:

Inspector #

# Asbestos Inspection Report

Office Use Only

2013 JUL -5 9:30  
ASBESTOS CONTROL UNIT

|   |   |                         |
|---|---|-------------------------|
| Name of Building:<br>Salvation Army Thrift Store                    | Address<br>2140 Market Street                         | Phone #<br>N/A          |
| Name of Building Owner:<br>INC Trustees of the Salvation Army in PA | Address<br>701 N. Broad St.<br>Philadelphia, PA 19123 | Phone #<br>215-787-2810 |
| Name of Licensed Investigator:<br>Theodore Mosher                   | License #<br>389                                      | Phone #<br>215-729-3220 |
| Name of Certified Lab:<br>EMSL, Inc. (if needed)                    | License #<br>362500000                                | Phone #<br>856-858-4800 |

Scope of Work: (include all locations)  
No sampling has been performed at the subject property. Building is imminently dangerous and in danger of collapse. Structure is planned for demolition. A licensed Investigator will be on-site during demolition activities to identify any ACMs.



Could not complete the inspection because the building or a portion of has been declared imminently dangerous (ID) and in danger of collapse.  
**INVESTIGATOR MUST BE ON SITE DURING DEMOLITION!**

Asbestos Containing Material Present?  Yes (List Below)  No

List Asbestos Containing Material (ACM) located in the planned renovation/demolition area(s). Damaged ACM must be listed and then repaired or removed prior to renovation. You (Investigator) must label all ACM that may be left in the work area. Page 1 of 1

| Location | Description | Type (Code 1) | Amount |        | Condition (Code 2) | Action (Code 3) |
|----------|-------------|---------------|--------|--------|--------------------|-----------------|
|          |             |               | Square | Linear |                    |                 |
|          |             |               |        |        |                    |                 |
|          |             |               |        |        |                    |                 |
|          |             |               |        |        |                    |                 |
|          |             |               |        |        |                    |                 |
|          |             |               |        |        |                    |                 |

**Code 1**

FRI - Friable  
NF1 - Non-Friable, Cat. 1  
NF2 - Non-Friable, Cat. 2

**Code 2**

DD - Deteriorated or Delaminated  
ND - Non-Damaged

**Code 3**

REM - Removal necessary prior to Demo/Reno  
NRN - No removal necessary, label ACM  
REP - Repair & Label ACM, removal not necessary

I hereby certify that the foregoing statements are true and the information contained in this report is true. This certification is made subject to the penalties set forth in 18 PA. C.S. S4904 relating to unsworn falsification to authorities. Furthermore I certify that the inspection, sampling, and labeling requirements of section X of the Asbestos Control Regulation (ACR) have been met. The building owner has been notified of the ACR requirements and given a copy of this report. If the inspection has revealed ACM which will be disturbed by the proposed work or if it has revealed ACM in bad condition, the building owner has been notified to remove or repair the ACM in accordance with the ACR prior to renovation or demolition activity.

Signature of Licensed Asbestos Investigator:

Date 6/25/2013

Signature of Building Owner:

Date:





City of Philadelphia  
 Department of Public Health  
 Air Management services  
 Asbestos Control Unit  
 321 University Avenue, 19104

Office Use Only

Date Received:

Project Number:

2480713

Approved

By:

JUL 09 2013

Not Approved

# Alternative Method Request

HAND DELIVERED

Name of Project:

SALVATION ARMY Thrift

Address of Project:

2140 MARKET ST.  
 PHILA PA 19103

Abatement Contractor:

ACI-TECH, INC.

Project start date:

7-6-13

End date:

7-13-13

API Name (Print):

JACK CARNEY

API Company:

EHS ENVIRONMENTAL

Phone #:

856-224-0080

Signature:

For Vinyl Asbestos Tile abatement ONLY:

Non-friable methodology to be used:

Dry ice

Heat method

Flooding & dyking

For Alternative Method requests other than Vinyl Asbestos Tile:

1. Exact section of the regulation that will not be in compliance:

2. Reason regulation will not be in compliance:

3. Your detailed alternative: