



AIR MANAGEMENT SERVICES

ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

file

For Official Use Only

Date Received 1

Date Received 2

Postmark Date: 6-28-13
 Project ID#: _____
 Permit #: 95243
 Other #: _____
 Inspector: 448 #1

ASBESTOS CONTROL UNIT	
-----------------------	--

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):
 Demolition Ordered Demolition Abatement prior to Demolition Renovation Emergency Renovation

6. FACILITY DESCRIPTION: Job No.: 139-13 (see instructions)
 Facility Name: COMMERCIAL BUILDING
 Street/Rural Address: 2132 MARKET ST
 City: PHILA State: PA Zip Code: 19103
 Present use: COLLAPSED BUILDING Prior use: OCCUPIED COMMERCIAL
 Will the facility be occupied during the abatement activity? Yes No
 Facility size in square feet: 8125 SF # of floors: 2 Age in years: +/-60YRS

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: GEPPERT BROS. INC.
 Street/Rural/POB Address: 3101 TREWIGTOWN ROAD
 City: COLMAR State: PA Zip: 18915
 Contact: BILL GASS Telephone No. (between 8:00 & 4:30): 215-822-7900

9. FACILITY OWNER:
 Owner name: 2132 WEST MARKET STREET RAELITY CORP
 Street/Rural/POB Address: 1230 ARCH ST 2ND FLOOR
 City: PHILA State: PA Zip: 19107
 Contact: _____ Telephone No. (between 8:00 & 4:30): 212-247-4910

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: WILLIAM OTTEN Certification # 107
 Date of inspection: 6/27/2013 Is any material assumed to be asbestos? Yes No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:
PLM

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 ****
		SEE ATTACHED				

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: 6/28/2013 Completion Date: 12/31/2013
 Daily hours of operation: 7:00 am pm to 4:00 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:

L & I HAS TOLD GEPPERT BROS. THIS COLLAPSED BUILDING IS PRIORITY AND TO START AS SOON AS POSSIBLE

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
COMPLETE DEMOLITION OF COLLAPSED COMMERCIAL BUILDING

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:
Stop work immediately and contact the Owner.

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.

William Gass 6/27/13
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: WILLIAM GASS Title: ADMINISTRATOR

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.

William Gass 6/27/13
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: WILLIAM GASS Title: ADMINISTRATOR

FOR OFFICIAL USE ONLY



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

Office Use Only

Date Received L&I:

Date Received AMS:

Date Inspected:

Inspector #

Asbestos Inspection Report

Name of Building:

N/A

Address

2132 Market Street
Philadelphia, PA

Phone #

N/A

Name of Building Owner:

2132 West Market Realty Corp.

Address

1230 Arch Street, 2nd Floor
Philadelphia, PA 19107

Phone #

212-247-4910

Name of Licensed Investigator:

William Otten

License #

0524

Phone #

610-891-0114

Name of Certified Lab:

Accredited Environmental Technologies, Inc.

License #

107

Phone #

610-891-0114

Scope of Work:

Asbestos Inspection performed following building collapse during demolition activities. Inspection services were limited to accessible surfaces of the demolition debris throughout the site (8,500 square feet). Note: 2132 Market Street encompasses the eastern portion of the site comprising of 2,250 SF.

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		
Demolition Debris	Pipe Insulation	FRI			DD	REM
Demolition Debris	9"x9" Green Floor Tile	NF1			DD	REM
Demolition Debris	Roofing	NF1			DD	REM
Demolition Debris	Tan Floor Tile	NF1			DD	REM
Demolition Debris	Black Mastic/Tar (on plaster)	NF1			DD	REM
Demolition Debris	Tar Mastic (on wood) Associated with Brown Wall Covering	NF1			DD	REM
Demolition Debris	Wall Mastic (black)	NF1			DD	REM

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: 6/27/13

Signature of Building Owner:

Date:

6/27/13

Secretary



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Date Received 1 2013 JUN 21 11 9:11 AM Date Received 2

Postmark Date: 6-21-13

Project ID#: _____

Permit #: 95243

Other #: _____

Inspector: 448 #1

ASBESTOS CONTROL UNIT	
-----------------------	--

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):	<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 checked="" type="checkbox"/> City of Philadelphia	<input type="checkbox"/> Other Location in PA (specify county): _____
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"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Abatement prior to Demolition
		<input type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation
6.	FACILITY DESCRIPTION: Job No.: <u>139-13</u> (see instructions)		
	Facility Name: <u>COMMERCIAL BUILDING</u>		
	Street/Rural Address: <u>2132 MARKET ST</u>		
	City: <u>PHILA</u>	State: <u>PA</u>	Zip Code: <u>19103</u>
	Present use: <u>VACANT COMMERCIAL</u>		Prior use: <u>OCCUPIED COMMERCIAL</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>8125 SF</u>	# of floors: <u>2</u>	Age in years: <u>+/-60YRS</u>
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: GEPPERT BROS. INC.
 Street/Rural/POB Address: 3101 TREWIGTOWN ROAD
 City: COLMAR State: PA Zip: 18915
 Contact: BILL GASS Telephone No. (between 8:00 & 4:30): 215-822-7900

9. FACILITY OWNER:
 Owner name: STB INVESTMENT CORP
 Street/Rural/POB Address: 300 W 43RD ST SUITE 400
 City: NEW YORK State: NY Zip: 10036
 Contact: _____ Telephone No. (between 8:00 & 4:30): 212-247-4910

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: KENNETH HUDSON Certification # 0321
 Date of inspection: 1/28/13 Is any material assumed to be asbestos? Yes No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:
PLM

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 ****
		SEE ATTACHED				

Code * <u>Type of ACM</u>	Code ** <u>Units</u>	Code *** <u>Type of abatement</u>	Code **** <u>Final Clearance</u>
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: 6/21/13 Completion Date: 12/31/13
 Daily hours of operation: 7:00 am pm to 5:00 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:

L & I HAS TOLD GEPPERT BROS. THIS COLLASPED BUILDING IS PRIORITY AND TO START IMMEDIATELY.

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

COMPLETE DEMOLITION OF COLLAPSED COMMERCIAL BUILDING

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:
Stop work immediately and contact the Owner.

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.

William Gass _____ 6/20/13
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: WILLIAM GASS Title: ADMINISTRATOR

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.

William Gass _____ 6/20/13
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: WILLIAM GASS Title: ADMINISTRATOR

FOR OFFICIAL USE ONLY



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

Office Use Only

Date Received L&I:

Date Received AMS:

Date Inspected:

Inspector #

Asbestos Inspection Report

Name of Building: Address Phone #
 2132- MARKET ST 610-207-7678

Name of Building Owner: Address Phone #
 STB INVESTMENT CORP 300 W. 43RD ST 212-247-9910
SUITE 400 New York, Ny 10036-6406

Name of Licensed Investigator: License # Phone #
 Kenneth A. Hudson 0321 2676337141

Name of Certified Lab: License # Phone #

Scope of Work: (include all locations)

No Asbestos Found

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

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

Code 1
 FR1 - 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:

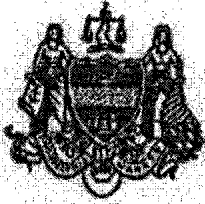
Signature of Building Owner:

Date:

Kenneth A. Hudson

1-28-13

[Signature]



CITY OF PHILADELPHIA

DEPARTMENT OF LICENSES AND INSPECTIONS

CARLTON WILLIAMS, SR., COMMISSIONER
MICHAEL E. FINK, DEPUTY COMMISSIONER
MICHAEL MAENNER, DEPUTY COMMISSIONER

June 14, 2013

2132 MARKET REALTY CORP A PA CORP
1230 ARCH ST, 2ND FLOOR
PHILADELPHIA, PA 19107-2816

RE: 2132 Market Street – Violations Number 386013

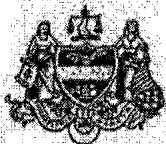
Dear SIR OR MADAM:

Be advised that pursuant to Philadelphia Code Section A-805.2, the Department of Licenses and Inspections finds and hereby certifies that the violations and conditions that exist at the above-mentioned properties are immediately dangerous, and present hazards to the health, safety and welfare of the public at large. The violations must be corrected immediately.

Any appeal of these violations will not act as a stay of proceedings or enforcement.

Sincerely,

Otis Haigler, Jr., Director
Neighborhood and Emergency Services



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

2132 MARKET REALTYCORP A PA CORP

1230 ARCH2ND FL ST
PHILADELPHIA PA, 191072816

Subject Premises: 2132 MARKET ST

Case No: 386013

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 111 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:

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

2132 MARKET REALTYCORP A PA CORP
1230 ARCH2ND FL ST
PHILADELPHIA PA, 191072816

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: Demolition excavation not properly backfilled.
Demolition excavation not properly backfilled. Bio degradable debris left in basement is not allowed**

Status NOT COMPLIED

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

Location: party wall shared with 2126 Market St.

Status NOT COMPLIED



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

2132 MARKET REALTYCORP A PA CORP
1230 ARCH2ND FL ST
PHILADELPHIA PA, 191072816

Important Additional Information for Imminently Dangerous Conditions: If you fail to comply with this order the City will demolish the structure and stucco the party walls thus exposed in accordance with the Property Maintenance Code. 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 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. This designation will remain until the structure is made safe and secure or taken down and removed. If you intend to appeal this violation, you must apply at Boards Administrator, 11th Floor, Municipal Services Building, 1401 John F. Kennedy Blvd., Philadelphia, PA 19102, within 5 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)

Note: If you intend to demolish or rehabilitate the structure, or any part of it, you must obtain all required permits in advance of beginning such work.

**Location: Demolition excavation not properly backfilled.
Site has not been properly backfilled. creating a safety hazard. Demolition excavation not properly backfilled. Bio degradable debris left in basement is not allowed**

Status NOT COMPLIED



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

2132 MARKET REALTYCORP A PA CORP
1230 ARCH2ND FL ST
PHILADELPHIA PA, 191072816

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 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: Demolition excavation not properly backfilled. Bio degradable debris left in basement is not allowed

Status: NOT COMPLIED

The indicated wall of the subject structure is deteriorated and in imminent danger of 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 wall or demolish the structure in whole or in part. Please see additional important information below. [See PM-308.1]

Location: party wall shared with 2126 Market St.

Status: NOT COMPLIED



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

2132 MARKET REALTYCORP A PA CORP
1230 ARCH2ND FL ST
PHILADELPHIA PA, 191072816

Important Additional Information for Imminently Dangerous Conditions: If you fail to comply with this order the City will demolish the structure and stucco the party walls thus exposed in accordance with the Property Maintenance Code. 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 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. This designation will remain until the structure is made safe and secure or taken down and removed. If you intend to appeal this violation, you must apply at Boards Administrator, 11th Floor, Municipal Services Building, 1401 John F. Kennedy Blvd., Philadelphia, PA 19102, within 5 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)

Note: If you intend to demolish or rehabilitate the structure, or any part of it, you must obtain all required permits in advance of beginning such work.

**Location: Demolition excavation not properly backfilled. Bio degradable debris left in
Situation not properly backfilled, creating a safety hazard.**

Status NOT COMPLIED