

ATTACHMENT 3

Sargent Enterprises, Inc.

Po Box 193

Jim Thorpe, PA

18229

Phone 570-325-8000 Fax 570-325-8006

paula@sargententerprisesinc.com

December 22, 2009

Asbestos Notification
DEP Bureau of Air Quality
400 Market St
Harrisburg, PA 17101

Re: Richland Elementary School

Please find enclosed the "Revised" notification for the above referenced project.

If any additional information is required, please contact our office.

Sincerely,



Paula Olmsted

Cc: US EPA Region III
File

Enc.

RECEIVED
DEC 23 2009

Pesticides & Asbestos Programs
and Enforcement Branch (3LC62)
EPA Region III



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Date Received 1

Date Received 2

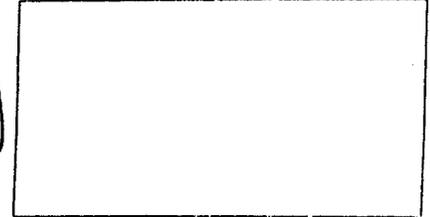
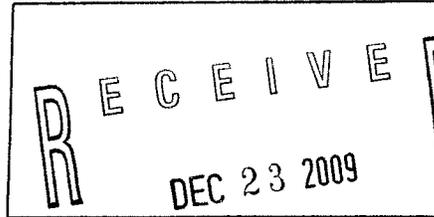
Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____



Pesticides & Asbestos Programs
and Enforcement Branch (3LC62)
EPA Region III

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: 11/18/09

2. PROJECT LOCATION (check one):
 Allegheny County City of Philadelphia Other Location in PA (specify county): Bucks

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 Renovation Abatement prior to Demolition Emergency Renovation

6. FACILITY DESCRIPTION: Job No.: _____ (see instructions)
 Facility Name: Richland Elementary School
 Street/Rural Address: 500 Fairview Ave
 City: Quakertown State: PA Zip Code: 18951
 Present use: School Prior use: School
 Will the facility be occupied during the abatement activity? Yes No
 Facility size in square feet: 46,850 # of floors: 1 Age in years: 52+

7. ABATEMENT CONTRACTOR:
 Company name: SARGENT ENTERPRISES, INC.
 Allegheny County or City of Philadelphia License # (if applicable): _____
 Street/Rural/POB Address: 732 CENTER STREET, P.O. BOX 193
 City: JIM THORPE State: PA Zip: 18229
 Contact: BRIAN J. SARGENT Telephone No. (between 8:00 & 4:30): 570-325-8000

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: Quakertown Community School District
 Street/Rural/POB Address: 1000 Park Ave
 City: Quakertown State: PA Zip: 18951
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

10. FACILITY INSPECTION (required for renovation and demolition projects): 215-343-7899
 Building inspector: SEFC - Ron Schuebel Certification # 0011600
 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:
PLM Analysis

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 ****
FRI	Floor/ceiling	thru out School	4800	SF	REM	PCM
FRI	Pipe Insulation	thru out School	250	LI	REM	PCM
FRI	Transit Fascia	thru out School	900	SF	REM	PCM

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

1/10/10

14. OPERATION SCHEDULE(S) (as applicable)

A. Asbestos abatement:

Daily hours of operation:

Days of week (check)

Start Date: 12/17/09
4:00 am pm

Completion Date: 12/23/09
2:00 am pm

Mo Tu We Th Fr Sa Su

B. Demolition:

Daily hours of operation:

Days of week (check)

Start Date: _____
_____ am pm

Completion Date: _____
_____ am pm

Mo Tu We Th Fr Sa Su

C. Renovation:

Daily hours of operation:

Days of week (check)

Start Date: _____
_____ am pm

Completion Date: _____
_____ am pm

Mo Tu We Th Fr Sa Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Steps Packed, mastic by Shot Blast, Full Containment,
Leak Bag

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 METHODS / NEGATIVE AIR / CRITICAL BARRIERS / HEPA-VACS

17. WASTE TRANSPORTER(S) (IF SECTION "A" IS BLANK, Eastern IS THE SOLE TRANSPORTER.)

A. Transporter #1 name:

Street/Rural Address:

City:

State:

Zip:

Contact:

Telephone:

B. Transporter #2 name:

Street/Rural Address:

City:

State: NJ

Zip: 08611

Contact:

Telephone: 609-392-2201

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

DEP permit #: 100620

A. Landfill name: B.F.I.

Street/Rural Address: 11 BOGGS ROAD

City: IMPERIAL

State: PA

Zip: 15126

Contact: BERNIE WILSON

Telephone: 724-695-0900

B. Landfill name:

DEP permit #:

Street/Rural Address:

City:

State:

Zip:

Contact:

Telephone:

19. AIR MONITORING FIRM(S)

A. Company name/individual: SEEC

Street/Rural Address: 1672 Brook Lane

City: Jamison

State: PA

Zip: 18929

Contact: Ron Schwebel

Telephone: 215-262-8230

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:

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: _____ Title: _____
Name of individual who ordered: _____
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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:
RE-NOTIFY REQUIRED AGENCIES, CONTAIN AREA INVOLVED, REMOVE ACM AND
DECONTAMINATE THE AREA IN ACCORDANCE WITH MOST CURRENT REGULATIONS.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: ROBERT J. SARGENT Certification #: 002881
Contractor (Individual): Christopher J. Sargent Certification #: 019767
Supervisor: John Hradishian Certification #: 035298
Contractor (Firm) SARGENT ENTERPRISES, INC. Certification #: C0020A

***** 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.

Paula Olmsted Paula Olmsted 11/18/09
(Original Signature of Owner/Operator) (Date) ^{12/22/09}

Printed Name of Owner/Operator: Paula Olmsted Title: Office Manager/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. 54904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

Paula Olmsted Paula Olmsted 11/18/09
(Original Signature of Owner/Operator) (Date) ^{12/22/09}

Printed Name of Owner/Operator: Paula Olmsted Title: Office Manager/Administrator

FOR OFFICIAL USE ONLY

Sargent Enterprises, Inc.

PO Box 193

Jim Thorpe, PA 18229

Phone (570) 325-8000 Fax (570) 325-8006

Gwynn@sargententerprisesinc.com

RECEIVED
DEC 24 2009

Pesticides & Asbestos Programs
and Enforcement Branch (3LC62)
EPA Region III

December 23, 2009

Asbestos Notification
DEP Bureau of Air Quality
400 Market Street
Harrisburg, PA 17101

Re: Dieruff High School

Please find enclosed the "Revised" notification for the above referenced project.

If any additional information is required, please contact our office.

Sincerely,



Gwynn Lazorick

Cc: US EPA Region III
Bracy Inc.

Enc.



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only	Date Received 1	Date Received 2
Postmark Date: _____	<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">R E C E I V E D</p> <p style="font-size: 1.2em; margin: 5px 0;">DEC 24 2009</p> <p style="font-size: 0.8em; margin: 0;">Pesticides & Asbestos Programs and Enforcement Branch (3LC62) EPA Region III</p> </div>	
Project ID#: _____		
Permit #: _____		
Other #: _____		
Inspector: _____		

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1. TYPE OF NOTIFICATION (check one):

<input checked="" type="checkbox"/> Revision (highlight here, and changes)	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
<input type="checkbox"/> Postponement	<input type="checkbox"/> Phase of Annual Notification	
	<input type="checkbox"/> Cancellation	

Date of Initial Notification or, if previously revised, date of last revision: 12/23/09 NOX
2. PROJECT LOCATION (check one):

<input type="checkbox"/> Allegheny County	<input type="checkbox"/> City of Philadelphia	<input checked="" type="checkbox"/> Other Location in PA (specify county): <u>Lehigh</u>
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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):

<input type="checkbox"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Abatement prior to Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation
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Job No.: _____ (see instructions)
6. FACILITY DESCRIPTION:

Facility Name: Dieruff High School

Street/Rural Address: 815 North Irving Street

City: Allentown State: PA Zip Code: 18109

Present use: School Prior use: School

Will the facility be occupied during the abatement activity? Yes No

Facility size in square feet: 300,000 # of floors: 3 Age in years: 48+
7. ABATEMENT CONTRACTOR:

Company name: SARGENT ENTERPRISES, INC.

Allegheny County or City of Philadelphia License # (if applicable): _____

Street/Rural/POB Address: 732 CENTER STREET, P.O. BOX 193

City: JIM THORPE State: PA Zip: 18229

Contact: BRIAN J. SARGENT Telephone No. (between 8:00 & 4:30): 570-325-8000

8. DEMOLITION CONTRACTOR:
 Company name: _____
 Street/Rural/POB Address: _____ State: _____ Zip: _____
 City: _____ Telephone No. (between 8:00 & 4:30): _____
 Contact: _____

9. FACILITY OWNER:
 Owner name: Allentown School District
 Street/Rural/POB Address: 1301 Sumner Ave. State: PA Zip: 18102
 City: Allentown Telephone No. (between 8:00 & 4:30): _____
 Contact: _____

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: Spotts, Stevens & McCoy Certification # 610-621-2000
 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:
PLM Analysis

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 ****
FRI	Asbest. plaster ceiling	Various areas throughout, include lower level former office &	2000	SF	REM	PCM
FRI	Asb. floor & mastic	library area	2000	SF	REM	PCM
FRI	Pipe fittings	" "	100	LF	REM.	PCM.

Code * Type of ACM
 Code ** Units
 Code *** Type of abatement
 Code **** Final Clearance

FRI - Friable ACM
 NF1 - Cat I nonfriable ACM
 NF2 - Cat II nonfriable ACM
 (Note: Allegheny County treats all ACM as friable)

LF - Linear ft.
 SF - Square ft.
 CF - Cubic ft.

REM - Removal
 CAP - Encapsulation
 CLO - Enclosure
 NON - None

PCM - Phase contrast microscopy
 TEM - Transmission electron microscopy

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

1/09/09

14. OPERATION SCHEDULE(S) (as applicable) *17 days*

A. Asbestos abatement: Start Date: Nov. 11, 2009 Completion Date: Nov. 25, 2009
 Daily hours of operation: 6:30 am pm to 5:00 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:
Signs posted, containment, mastic by chemical

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 METHODS / NEGATIVE AIR / CRITICAL BARRIERS / HEPA-VACS

17. WASTE TRANSPORTER(S) (IF SECTION "A" IS BLANK, Eastern IS THE SOLE TRANSPORTER.)

A. Transporter #1 name: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

B. Transporter #2 name: Eastern Waste Incorp.
 Street/Rural Address: 235 Gibbs Ave
 City: Trenton State: NJ Zip: 08611
 Contact: _____ Telephone: 609-392-2201

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

A. Landfill name: B.F.I. DEP permit #: 100620
 Street/Rural Address: 11 BOGGS ROAD
 City: IMPERIAL State: PA Zip: 15126
 Contact: BERNIE WILSON Telephone: 724-695-0900

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

19. AIR MONITORING FIRM(S)

A. Company name/individual: Spotts, Stevens & McCoy
 Street/Rural Address: 1047 North Park Rd.
 City: Reading State: PA Zip: 19610
 Contact: Dave Bertsch Telephone: 610-621-2000

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: _____ 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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:
RE-NOTIFY REQUIRED AGENCIES, CONTAIN AREA INVOLVED, REMOVE ACM AND
DECONTAMINATE THE AREA IN ACCORDANCE WITH MOST CURRENT REGULATIONS.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: ROBERT J. SARGENT Certification #: 002881
Contractor (Individual): Christopher J. Sargent Certification #: 019767
Supervisor: Kevin McKeever Certification #: 002935
Contractor (Firm) SARGENT ENTERPRISES, INC. Certification #: 00020A

***** 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.

Gwynn Lazorick (Original Signature of Owner/Operator) 10/28/09 12/23/09 (Date)

Printed Name of Owner/Operator: Gwynn Lazorick Title: Admin. Asst

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.

Gwynn Lazorick (Original Signature of Owner/Operator) 10/28/09 12/23/09 (Date)

Printed Name of Owner/Operator: Gwynn Lazorick Title: Admin. Asst.

FOR OFFICIAL USE ONLY

Sargent Enterprises, Inc.

PO Box 193

Jim Thorpe, PA 18229

Phone (570) 325-8000 Fax (570) 325-8006

Gwynn@sargententerprisesinc.com

R E C E I V E D
JAN 27 2010

January 26, 2010

Pesticides & Asbestos Programs
and Enforcement Branch (3LC62)
EPA Region III

Asbestos Notification
DEP Bureau of Air Quality
400 Market Street
Harrisburg, PA 17101

Re: Dieruff High School

Please find the enclosed notification for the above referenced project.

If any additional information is required, please contact our office.

Sincerely,


Gwynn Lazorick

Cc: USEPA Region III
Bracy Inc.
File

Enc.



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

<p>For Official Use Only</p> <p>Postmark Date: _____</p> <p>Project ID#: _____</p> <p>Permit #: _____</p> <p>Other #: _____</p> <p>Inspector: _____</p>	<p>Date Received 1</p> <div style="border: 1px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">R E C E I V E D</div> <p>JAN 27 2010</p> <p>Pesticides & Asbestos Programs and Enforcement Branch (3LC62) <small>EPA Region III</small></p>	<p>Date Received 2</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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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>Date of Initial Notification or, if previously revised, date of last revision: _____</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>
2.	<p>PROJECT LOCATION (check one):</p> <p><input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input checked="" type="checkbox"/> Other Location in PA (specify county): <u>Lehigh</u></p>	
3.	<p>For Allegheny County and City of Philadelphia projects only:</p> <p>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.)</p> <p>B. For City of Philadelphia projects requiring a permit:</p> <p>Asbestos project inspector: _____ Certification #: _____</p> <p>Company name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Phone: _____</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 type="checkbox"/> Ordered Demolition</p>	<p><input type="checkbox"/> Abatement prior to Demolition</p> <p><input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation</p>
6.	<p>FACILITY DESCRIPTION: Job No.: _____ (see instructions)</p> <p>Facility Name: <u>Dieruff High School</u></p> <p>Street/Rural Address: <u>815 North Irving Street</u></p> <p>City: <u>Allentown</u> State: <u>PA</u> Zip Code: <u>18109</u></p> <p>Present use: <u>School</u> Prior use: <u>School</u></p> <p>Will the facility be occupied during the abatement activity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Facility size in square feet: <u>300,000</u> # of floors: <u>3</u> Age in years: <u>48+</u></p>	
7.	<p>ABATEMENT CONTRACTOR:</p> <p>Company name: <u>SARGENT ENTERPRISES, INC.</u></p> <p>Allegheny County or City of Philadelphia License # (if applicable): _____</p> <p>Street/Rural/POB Address: <u>732 CENTER STREET, P.O. BOX 193</u></p> <p>City: <u>JIM THORPE</u> State: <u>PA</u> Zip: <u>18229</u></p> <p>Contact: <u>BRIAN J. SARGENT</u> Telephone No. (between 8:00 & 4:30): <u>570-325-8000</u></p>	

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: Allentown School District
 Street/Rural/POB Address: 1301 Summer Ave.
 City: Allentown State: PA Zip: 18102
 Contact: _____ Telephone No. (between 8:00 & 4:30): _____

10. FACILITY INSPECTION (required for renovation and demolition projects):
 Building inspector: Spotts, Stevens & McCoy Certification # 610-621-2000
 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:
PLM Analysis

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 ****
FRI	^{asbestos} plaster ceiling dam	scene shop & music practice rms. located behind auditorium.	1300	SF	REM	PCM

Code * Type of ACM	Code ** Units	Code *** Type of abatement	Code **** Final Clearance
FRI - Friable ACM NF1 - Cat I nonfriable ACM NF2 - Cat II nonfriable ACM (Note: Allegheny County treats all ACM as friable)	LF - Linear ft. SF - Square ft. CF - Cubic ft.	REM - Removal CAP - Encapsulation CLO - Enclosure NON - None	PCM - Phase contrast microscopy TEM - Transmission electron microscopy

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:

Daily hours of operation:
Days of week (check)

Mo Tu We Th Fr

Start Date: Feb 10, 2010
7:00 am pm

Completion Date: Feb 26, 2010
5:30 am pm

B. Demolition:

Daily hours of operation:
Days of week (check)

Mo Tu We Th Fr

Start Date: _____
_____ am pm

Completion Date: _____
_____ am pm

C. Renovation:

Daily hours of operation:
Days of week (check)

Mo Tu We Th Fr

Start Date: _____
_____ am pm

Completion Date: _____
_____ am pm

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Signs posted; containment,

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 METHODS / NEGATIVE AIR / CRITICAL BARRIERS / HEPA-VACS

17. WASTE TRANSPORTER(S) (IF SECTION "A" IS BLANK, Eastern IS THE SOLE TRANSPORTER.)

A. Transporter #1 name: _____

Street/Rural Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone: _____

B. Transporter #2 name: Eastern Waste Incomp.

Street/Rural Address: 235 Gibbs Ave.

City: Trenton State: NJ Zip: 08611

Contact: _____ Telephone: 609-392-2201

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

A. Landfill name: B. F. I. DEP permit #: 100620
 Street/Rural Address: 11 BOGGS ROAD
 City: IMPERIAL State: PA Zip: 15126
 Contact: BERNIE WILSON Telephone: 724-695-0900

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

19. AIR MONITORING FIRM(S)

A. Company name/individual: Spotts Stevens & McCoy
 Street/Rural Address: 10417 North Park Rd.
 City: Reading State: PA Zip: 19610
 Contact: Dave Bertsch Telephone: 610-621-2000

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: _____ 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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:
RE-NOTIFY REQUIRED AGENCIES, CONTAIN AREA INVOLVED, REMOVE ACM AND
DECONTAMINATE THE AREA IN ACCORDANCE WITH MOST CURRENT REGULATIONS.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: ROBERT J. SARGENT Certification #: 002881
Contractor (Individual): Christopher J. Sargent Certification #: 019767
Supervisor: Kevin McKeever Certification #: 002935
Contractor (Firm) SARGENT ENTERPRISES, INC. Certification #: C0020A

***** 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.

Gwynn Lazorick _____ 1/26/10
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Gwynn Lazorick Title: Office Admin Asst.

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.

Gwynn Lazorick _____ 1/26/10
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Gwynn Lazorick Title: Office Admin Asst.

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