2700-FM-BAQ0021 Rev. 1/2017 Instructions



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF AIR QUALITY

### ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

<u>Complete all applicable sections of the notification</u>. <u>Fax copies are not accepted</u>, 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

Allegheny County Health Department

PA Department of Labor and Industry

City of Philadelphia Department of Public Health

US Environmental Protection Agency

Questions relative to specific filing requirements and enforcement regulations should be directed to the governing agency. Addresses and phone numbers are provided. Do not mail original notifications to the Department of Labor and Industry.

Special Notations:

- · All REVISIONS to a previous notification should be highlighted
- Item #5 Check the box that best describes the entire project
- Item #6 The "Job No." portion of this Item is provided for those contractors who assign a unique job # to their projects
- Item #12 Please provide the information in the format requested
- If additional space is needed for any descriptive text, please continue on a blank sheet, and attach

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

If the facility address is in <u>Bucks, Chester, Delaware, or Montgomery Counties</u>, send your notification information to: PA DEP Southeast Region

Asbestos Notification

2 East Main Street

Norristown, PA 19401-4915

Telephone: 484-250-5920

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

PA DEP Northeast Region Asbestos Notification

2 Public Square

Wilkes-Barre, PA 18701-1915

Telephone: 570-826-5547

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

PA DEP Southcentral Region

Asbestos Notification

909 Elmerton Avenue

Harrisburg, PA 17110-8200

Telephone: 717-705-4702

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

PA DEP Northcentral Region

Asbestos Notification

208 West Third Street, Suite 101

Williamsport, PA 17701-6448

Telephone: 570-321-6580

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If the facility address is in <u>Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, or Westmoreland Counties</u>, send your notification formation to:

PA DEP Southwest Region Asbestos Notification 400 Waterfront Drive Pittsburgh, PA 15222-4745.

Telephone: 412-442-5214 for Armstrong, Beaver, Greene, and Washington Counties

Telephone: 724-925-5428 for Cambria, Fayette, Indiana, Somerset, and Westmoreland Counties

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

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

For projects in Allegheny County or the City of Philadelphia, this form must be submitted to the appropriate address, directly following. Allegheny County requires two copies, the City of Philadelphia, three. If this project requires a permit application, it must be approved prior to the start of the project, and 2 copies must be included with the notification. A copy of the facility inspection survey must also be included for all demolition projects. Do not send these documents directly to Harrisburg.

Allegheny County Health Department Air Quality Program Building 7 301 39th Street Pittsburgh, PA 15201-1891 Attn: Asbestos Abatement Permitting

City of Philadelphia
Department of Public Health
Air Management Services
Asbestos Control Unit
321 University Avenue
Philadelphia, PA 19104-4597

<u>Allegheny County</u> - A permit is required if the project involves at least 260 linear feet or 160 square feet of <u>any</u> 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.

<u>City of Philadelphia</u> - 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 <u>NESHAP</u>, a photocopy of this notification must be sent to EPA Region III at the address directly following. EPA's telephone number is 215-814-2164/215-814-2135.

Asbestos NESHAP Coordinator (3WC32) US EPA Region III 1650 Arch Street Philadelphia, PA 19103-2029

Questions regarding completion of the notification form should be directed to 717-772-3993/717-787-9257 or the appropriate enforcement agency as listed.

<u>REMINDER</u>: Notifications must contain original signatures for items 25 and 26 or they will be returned to the sender, unprocessed. If a notification is returned for original signature, the ten-day reporting period will begin with the postmark date of the resubmitted notification with original signature.

### STATE AND LOCAL AGENCY CONTACTS

City of Philadelphia

City of Philadelphia
Department of Public Health
Air Management Services
Asbestos Control Unit
321 University Avenue

Philadelphia, PA 19104-4597

215-685-7576

**Allegheny County** 

Allegheny County Health Department

Air Quality Program

Building 7 301 39th Street

Pittsburgh, PA 15201-1891

412-578-8133

**Labor & Industry Contact** 

Department of Labor and Industry

Bureau of Occupational and Industrial Safety Seventh and Forster Streets - Room 1623

Harrisburg, PA 17120

717-772-3396



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF AIR QUALITY

# ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

| For     | Official Use Only                                                                                                                                          | Date Received 1                                                                            | Date Received 2                                                                                      |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Postr   | mark Date:                                                                                                                                                 |                                                                                            |                                                                                                      |
|         | ct ID#:                                                                                                                                                    |                                                                                            |                                                                                                      |
|         | it #:                                                                                                                                                      |                                                                                            |                                                                                                      |
| l       | r#:                                                                                                                                                        |                                                                                            |                                                                                                      |
|         |                                                                                                                                                            |                                                                                            |                                                                                                      |
| inspe   | ector:                                                                                                                                                     |                                                                                            |                                                                                                      |
| individ | CE: This is not a valid asbestos abatement notification and contractors have met the certification requing P.L. 805, No. 194 (63 P.S. Sections 2101-2112). | ion for the purposes of the Asbestos Occupa<br>rements as set forth in the Asbestos Occupa | ations Accreditation and Certification Act unless ations Accreditation and Certification Act, Act of |
| REFE    | ER TO THE ATTACHED INSTRUCTIONS FOR I                                                                                                                      | INFORMATION AND REQUIREMENTS.                                                              |                                                                                                      |
| 1.      | TYPE OF NOTIFICATION (check one):                                                                                                                          | ☐ Initial                                                                                  | ☐ Annual Notification                                                                                |
| ı       | Revision (highlight here, and changes)                                                                                                                     | ☐ Phase of Annual Notificati                                                               | ion                                                                                                  |
|         | ☐ Postponement                                                                                                                                             | ☐ Cancellation                                                                             |                                                                                                      |
|         | Date of Initial Notification or, if previously revise                                                                                                      | ed, date of last revision:                                                                 |                                                                                                      |
| 2.      | PROJECT LOCATION (check one):                                                                                                                              |                                                                                            |                                                                                                      |
|         | ☐ Allegheny County ☐ City of Philade                                                                                                                       |                                                                                            | ecify county):                                                                                       |
|         |                                                                                                                                                            |                                                                                            |                                                                                                      |
| 3.      | A. Does this project require a permit? Ye notification and approved prior to the start                                                                     | es 🔲 No (If Yes is checked, a permit ap                                                    | plication must be submitted along with this                                                          |
|         | B. For City of Philadelphia projects requiring a                                                                                                           | a permit:                                                                                  |                                                                                                      |
|         | Asbestos project inspector:                                                                                                                                |                                                                                            | cation #:                                                                                            |
|         | Company name:Address:                                                                                                                                      |                                                                                            |                                                                                                      |
|         | City:                                                                                                                                                      |                                                                                            | Phone:                                                                                               |
| 4.      | WILL ALTERNATIVE METHODS TO ANY OF                                                                                                                         |                                                                                            |                                                                                                      |
|         | (If Yes is checked, approval must be obtain office or local government agency (see reverse                                                                 | ed prior to the start of the project. Pk                                                   |                                                                                                      |
| 5.      | TYPE OF OPERATION (check all that apply):                                                                                                                  |                                                                                            |                                                                                                      |
|         | Demolition Ordered Demoliti                                                                                                                                |                                                                                            | ☐ Emergency Renovation                                                                               |
| 6.      | FACILITY DESCRIPTION:                                                                                                                                      | Job No.:                                                                                   | (see instructions)                                                                                   |
|         | Facility Name:                                                                                                                                             |                                                                                            |                                                                                                      |
|         | Street/Rural Address:                                                                                                                                      |                                                                                            |                                                                                                      |
|         | City: Present use:                                                                                                                                         |                                                                                            |                                                                                                      |
|         | Will the facility be occupied during the abateme                                                                                                           |                                                                                            |                                                                                                      |
|         | Facility size in square feet:                                                                                                                              | •                                                                                          | Age in years:                                                                                        |
| 7.      | ABATEMENT CONTRACTOR:                                                                                                                                      |                                                                                            | / igo iii youlo.                                                                                     |
|         | Company name:                                                                                                                                              |                                                                                            |                                                                                                      |
|         | Allegheny County or City of Philadelphia Licens                                                                                                            | e # (if applicable):                                                                       |                                                                                                      |
|         | Street/Rural/POB Address:                                                                                                                                  |                                                                                            |                                                                                                      |
|         | City:                                                                                                                                                      |                                                                                            |                                                                                                      |
|         | Contact:                                                                                                                                                   | Telephone No. (be                                                                          | etween 8:00 & 4:30):                                                                                 |

| 1                                                                                 | DEMOLITION CONTRAC Company name:                                                      |                                                              |                                                                              |                                                                       |                |             |                                         |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------|-------------|-----------------------------------------|
| 1                                                                                 |                                                                                       |                                                              |                                                                              | ***************************************                               |                |             |                                         |
| ı                                                                                 |                                                                                       |                                                              | State:                                                                       |                                                                       |                |             |                                         |
|                                                                                   | Contact:                                                                              |                                                              | Tele                                                                         |                                                                       |                |             |                                         |
|                                                                                   | FACILITY OWNER:                                                                       |                                                              |                                                                              |                                                                       | , , , ,        |             |                                         |
| 3                                                                                 |                                                                                       |                                                              |                                                                              |                                                                       |                |             |                                         |
|                                                                                   |                                                                                       |                                                              |                                                                              |                                                                       |                |             | *************************************** |
|                                                                                   | City:                                                                                 |                                                              |                                                                              |                                                                       | Zip:           |             |                                         |
|                                                                                   |                                                                                       |                                                              |                                                                              | ephone No. (between 8:00                                              | & 4:30): _<br> |             | *************************************** |
|                                                                                   |                                                                                       |                                                              | novation and demolition projec                                               | •                                                                     |                |             |                                         |
| 1                                                                                 |                                                                                       |                                                              | lo any motori                                                                |                                                                       |                |             | • .                                     |
| Ī                                                                                 |                                                                                       |                                                              | Is any materi<br>appropriate, used to detect the p                           |                                                                       |                | 'es ∟ıı     | 10                                      |
|                                                                                   | 10000010, 1101001113                                                                  | y tiour mounou,                                              | appropriate, asea to detect the p                                            | nesence of aspestos mate                                              | Ilai.          |             |                                         |
| [                                                                                 | ☐ Building is ID and in da                                                            | anger of collapse                                            | . An asbestos investigator will b                                            | ne on site durina demolition                                          | (Philad        | elnhia onl  | [v]                                     |
|                                                                                   | S ANY TYPE OF ASBES                                                                   |                                                              |                                                                              |                                                                       | . /            | orpina      | 3,                                      |
| 12. 7                                                                             | TYPE OF ACM, DESCRIP                                                                  | PTION & LOCAT                                                | TON OF MATERIAL, APPROXI                                                     |                                                                       | TYPE OF        | ABATEM      | ENT AND                                 |
| F                                                                                 | FINAL AIR CLEARANCE                                                                   | METHOD.                                                      |                                                                              |                                                                       |                |             |                                         |
| F                                                                                 | PROVIDE INFORMATION<br>SAME FORMAT.                                                   | N IN THE SPAC                                                | ES BELOW, THEN CONTINUE                                                      | ON ANOTHER SHEET, I                                                   | F NECES        | SARY, US    | SING THE                                |
| ٤                                                                                 | DAME I OIGHAI.                                                                        |                                                              |                                                                              |                                                                       |                |             |                                         |
| S                                                                                 |                                                                                       | ial                                                          | Location of material                                                         | Amount of                                                             | Code           | Code        | Code                                    |
| Code *                                                                            | Description of mater                                                                  | i                                                            | Location of material (room/floor/area)                                       | Amount of ACM                                                         | Code<br>**     | Code<br>*** | Code                                    |
| S                                                                                 |                                                                                       | i                                                            |                                                                              | I                                                                     |                |             |                                         |
| S                                                                                 |                                                                                       | i                                                            |                                                                              | I                                                                     |                |             |                                         |
| S                                                                                 |                                                                                       | i                                                            |                                                                              | I                                                                     |                |             |                                         |
| S                                                                                 |                                                                                       | i                                                            |                                                                              | I                                                                     |                |             |                                         |
| S                                                                                 |                                                                                       | i                                                            |                                                                              | I                                                                     |                |             |                                         |
| S                                                                                 |                                                                                       | i                                                            |                                                                              | I                                                                     |                |             |                                         |
| S                                                                                 |                                                                                       | i                                                            |                                                                              | I                                                                     |                |             |                                         |
| S                                                                                 |                                                                                       | i                                                            |                                                                              | I                                                                     |                |             |                                         |
| S                                                                                 |                                                                                       | i                                                            |                                                                              | I                                                                     |                |             |                                         |
| Code*                                                                             |                                                                                       | ial                                                          | (room/floor/area)                                                            | ACM                                                                   |                |             |                                         |
| Code *                                                                            | Description of mater                                                                  | Code **                                                      | (room/floor/area)  Code ***                                                  | ACM                                                                   |                |             |                                         |
| Code *  Code *  Type of  FRI - Fri  NF1 - Ca  NF2 - Ca (Note: A                   | ACM able ACM at I nonfriable ACM at I nonfriable ACM at II nonfriable ACM             | ial                                                          | (room/floor/area)                                                            | ACM                                                                   | **             | y           |                                         |
| Code *  Code *  Type of .  FRI - Fri NF1 - Ca NF2 - Ca (Note: A treats all 13. Is | ACM able ACM at I nonfriable ACM at I nonfriable ACM Allegheny County ACM as friable) | Code ** Units LF - Linear ft. SF - Square ft. CF - Cubic ft. | Code *** Type of abatement REM - Removal CAP - Encapsulation CLO - Enclosure | Code **** Final Clearance PCM - Phase contrast TEM - Transmission ele | microscop      | y           | ****                                    |

| 14. | OPE                                     | ERATION SCHEDULE(S) (as app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | licable): |                                         |                                         |                                         |                                         |                                        |                                         |
|-----|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|----------------------------------------|-----------------------------------------|
|     | A.                                      | Asbestos abatement:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | Start Date:                             |                                         |                                         | Cor                                     | mpletion Dat                           | te:                                     |
|     |                                         | Daily hours of operation:<br>Days of week (check):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | □Мо       | ☐ Tu                                    | [                                       | am [] pm<br>[] Th                       | to<br>Fr                                | ☐ Sa                                   |                                         |
|     | B.                                      | Demolition:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           | Start Date:                             |                                         |                                         | Cor                                     | npletion Dat                           | e:                                      |
|     |                                         | Daily hours of operation:<br>Days of week (check):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ☐ Mo      | ☐ Tu                                    | [<br>We                                 | am 🗌 pm                                 | to<br>□ Fr                              |                                        |                                         |
|     | C.                                      | Renovation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                         |                                         | LJ ***                                  | _                                       |                                        |                                         |
|     | O.                                      | Daily hours of operation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | Start Date:                             | <b>E</b>                                | am 🏻 pm                                 | to                                      | npletion Dat                           | e:                                      |
|     | 204                                     | Days of week (check):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | □Мо       | ☐ Tu                                    | ☐ We                                    | ☐Th                                     | ☐ Fr                                    | ☐ Sa                                   | Su                                      |
|     | CON                                     | MMENTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                         |                                         |                                         |                                         |                                        |                                         |
|     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | <u> </u>                                |                                         |                                         |                                         | <del></del>                            |                                         |
|     |                                         | : · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                         | ,                                       |                                         | 4 2                                     |                                        | . 75.                                   |
| 15. | DES                                     | CRIPTION OF PLANNED DEMO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LITION OF | RENOVATION RENOVATION                   | ON WORK                                 | <b>:</b>                                |                                         |                                        |                                         |
|     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | w         |                                         |                                         |                                         | ······································  |                                        |                                         |
|     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                         |                                         |                                         | *************************************** | ······································ |                                         |
|     |                                         | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·         |                                         |                                         |                                         |                                         |                                        |                                         |
|     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                         |                                         |                                         | ·····                                   |                                        |                                         |
| 16. | DES                                     | CRIPTION OF WORK PRACTICE<br>SSIONS OF ASBESTOS AT THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ES AND EN | NGINEERING                              | CONTRO                                  | LS TO BE U                              | ISED TO                                 | REMOVE A                               | CM AND TO PREVENT                       |
|     | LIVITO                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEWOLIT   | ION AND REI                             | NOVATION                                | N SITE.                                 |                                         |                                        |                                         |
|     | *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                         |                                         |                                         |                                         |                                        |                                         |
|     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                         | *************************************** | *************************************** | ····                                    |                                        |                                         |
|     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -         | <del></del>                             |                                         |                                         |                                         |                                        |                                         |
|     | -                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | <del></del>                             |                                         |                                         |                                         |                                        |                                         |
|     |                                         | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                         | ****                                    |                                         |                                         | <del></del>                            |                                         |
|     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                         |                                         |                                         |                                         |                                        |                                         |
|     | *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ······    | ·                                       |                                         | ·                                       |                                         |                                        |                                         |
|     |                                         | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | -                                       |                                         |                                         |                                         |                                        |                                         |
|     |                                         | WARRANT CONTRACTOR CON | ·····     |                                         |                                         |                                         |                                         |                                        |                                         |
| 17. |                                         | TE TRANSPORTER(S):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | *************************************** |                                         |                                         |                                         |                                        |                                         |
|     | A.                                      | Transporter #1 name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                         |                                         |                                         |                                         |                                        |                                         |
|     |                                         | Street/Rural Address:<br>City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                         |                                         |                                         |                                         |                                        |                                         |
|     |                                         | Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                         |                                         |                                         |                                         |                                        |                                         |
|     | B.                                      | Transporter #2 name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | ·····                                   |                                         |                                         |                                         |                                        |                                         |
|     |                                         | Street/Rural Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | *************************************** |                                         |                                         |                                         |                                        |                                         |
|     |                                         | City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                         |                                         |                                         |                                         |                                        |                                         |
| ·   | *************************************** | Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                         |                                         | Te                                      | lephone:                                | ****                                   | *************************************** |

| 18. | WA                                      | STE DISPOSAL SITE(S) (any asbestos containing n                                                                 |                                         |                            |             |                     |
|-----|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------|-------------|---------------------|
|     | A.                                      | Landfill name:                                                                                                  |                                         |                            |             |                     |
|     |                                         | Street/Rural Address:                                                                                           |                                         |                            |             |                     |
|     |                                         | City:                                                                                                           | State:                                  |                            | Zip:        |                     |
|     |                                         | Contact:                                                                                                        |                                         |                            |             |                     |
|     | B.                                      | Landfill name:                                                                                                  |                                         | DEP                        | permit #:   |                     |
|     |                                         | Street/Rural Address:                                                                                           |                                         |                            |             |                     |
|     |                                         | City:                                                                                                           |                                         |                            | Zip:        |                     |
|     |                                         | Contact:                                                                                                        |                                         |                            |             |                     |
| 19. | AIR                                     | MONITORING FIRM(S):                                                                                             | ****                                    |                            |             |                     |
|     | A.                                      | Company name/individual:                                                                                        |                                         |                            |             |                     |
|     |                                         | Street/Rural Address:                                                                                           |                                         |                            |             |                     |
|     |                                         | City:                                                                                                           | State:                                  |                            |             |                     |
|     |                                         | Contact:                                                                                                        |                                         |                            |             |                     |
|     | B.                                      | Final clearance firm: (if different than 19A) Street/Rural Address:                                             |                                         |                            | -           |                     |
|     |                                         | City:                                                                                                           |                                         |                            |             |                     |
|     |                                         | Contact:                                                                                                        |                                         |                            |             |                     |
|     |                                         | Final clearance firm was hired by (check one):  Other: Explain:                                                 | ☐ Contractor                            | ☐ Owner                    |             |                     |
| 20. | AIR                                     | SAMPLE FIRM(S) (City of Philadelphia projects only                                                              |                                         |                            |             |                     |
|     | A.                                      | PCM company name/individual:                                                                                    |                                         | Certif                     | fication #: |                     |
|     |                                         | Street/Rural Address:                                                                                           |                                         |                            |             |                     |
|     |                                         | City:                                                                                                           |                                         |                            | Zip:        |                     |
|     |                                         | Contact:                                                                                                        |                                         |                            |             |                     |
|     | B.                                      | TEM company name:                                                                                               |                                         | Certif                     | ication #·  |                     |
|     |                                         | Street/Rural Address:                                                                                           |                                         |                            |             |                     |
|     |                                         | City:                                                                                                           |                                         |                            | Zin:        |                     |
|     |                                         | Contact:                                                                                                        |                                         |                            |             |                     |
|     |                                         |                                                                                                                 |                                         |                            |             |                     |
| 21. |                                         | emergency (mm/dd/yy):                                                                                           | Unio of oi                              |                            |             | <u></u>             |
|     |                                         | of emergency (mm/dd/yy):<br>ription of the sudden, unexpected event:                                            | nour or er                              | mergency:                  |             | ∐ am ∐ pm           |
|     | Desc                                    | mpaon of the sudden, thexpected event.                                                                          |                                         |                            |             |                     |
|     | ······································  |                                                                                                                 |                                         |                            |             |                     |
|     |                                         |                                                                                                                 | *************************************** |                            | ···         |                     |
|     |                                         |                                                                                                                 |                                         |                            |             |                     |
|     | Expla<br>a con                          | nation of how the event caused unsafe conditions or w<br>sequence of complying with the 10 working day notifica | ould cause equip<br>ation requirement   | oment damage or an u<br>:: | nreasonable | financial burden as |
|     |                                         |                                                                                                                 | ,                                       |                            |             |                     |
|     |                                         |                                                                                                                 | *************************************** |                            |             |                     |
|     |                                         |                                                                                                                 |                                         |                            |             |                     |
|     | *************************************** |                                                                                                                 |                                         |                            |             |                     |
|     |                                         |                                                                                                                 |                                         |                            |             |                     |

| 22.        | FOR ORDERED DEMOLITIONS (attach copy of order):                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |                                                                                                                                              |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|            | Government agency that ordered:                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |                                                                                                                                              |
|            | Name of individual who ordered:                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |                                                                                                                                              |
|            | Date of order (mm/dd/yy):                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date ordered to begin (mm/dd                                                                               | d/yy):                                                                                                                                       |
| 23.        | DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES                                                                                                                                                                                                                                                                                                                                                             | IE EVENT THAT UNEXPECTERUMBLED, PULVERIZED,                                                                | TED ASBESTOS IS FOUND OF<br>OR REDUCED TO POWDER:                                                                                            |
|            |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                            |                                                                                                                                              |
| 24.        | PENNSYLVANIA CERTIFICATIONS/LICENSES:                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |                                                                                                                                              |
|            | Project designer:                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            | fication #:                                                                                                                                  |
|            | Contractor (Individual):                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            | fication #:                                                                                                                                  |
|            | Supervisor:                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            | fication #:                                                                                                                                  |
|            | Contractor (Firm):                                                                                                                                                                                                                                                                                                                                                                                                                                          | Certif                                                                                                     | ication #:                                                                                                                                   |
| 25.        | I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE P<br>WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATI<br>BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE<br>I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE.                                                                                                                                                                                                                                      | ON AND EVIDENCE THAT T<br>LE FOR INSPECTION DURING                                                         | HE REQUIRED TRAINING HAS<br>G ALL WORKING HOURS, AND                                                                                         |
| 25.        | WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATI                                                                                                                                                                                                                                                                                                                                                                                                           | ON AND EVIDENCE THAT T<br>LE FOR INSPECTION DURING                                                         | HE REQUIRED TRAINING HAS<br>G ALL WORKING HOURS, AND                                                                                         |
| 25.        | WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATI BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABI I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANC AGENCY RULES AND REGULATIONS.                                                                                                                                                                                                                                                                         | ON AND EVIDENCE THAT T<br>LE FOR INSPECTION DURING<br>CE WITH ALL APPLICABLE I                             | THE REQUIRED TRAINING HAS G ALL WORKING HOURS, AND FEDERAL, STATE AND LOCAL  (Date)                                                          |
| 25.<br>26. | WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATI BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABI I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANC AGENCY RULES AND REGULATIONS.  (Original Signature of Owner/Operator)                                                                                                                                                                                                                                 | ON AND EVIDENCE THAT T LE FOR INSPECTION DURING E WITH ALL APPLICABLE  Title:  TITLE:                      | THE REQUIRED TRAINING HAS G ALL WORKING HOURS, AND FEDERAL, STATE AND LOCAL  (Date)  FAINED IN THIS NOTIFICATION                             |
|            | WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATI BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABI I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANC AGENCY RULES AND REGULATIONS.  (Original Signature of Owner/Operator)  Printed Name of Owner/Operator:  I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AN FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.  (Original Signature of Owner/Operator) | ON AND EVIDENCE THAT T LE FOR INSPECTION DURING E WITH ALL APPLICABLE  Title:  TITLE: TO THE PENALTIES SET | THE REQUIRED TRAINING HAS G ALL WORKING HOURS, AND FEDERAL, STATE AND LOCAL  (Date)  [AINED IN THIS NOTIFICATION F FORTH IN 18 PA C.S. §4904 |
|            | WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATI BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABI I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANC AGENCY RULES AND REGULATIONS.  (Original Signature of Owner/Operator)  Printed Name of Owner/Operator:  I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AN FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.                                         | ON AND EVIDENCE THAT T LE FOR INSPECTION DURING E WITH ALL APPLICABLE  Title:  TITLE: TO THE PENALTIES SET | THE REQUIRED TRAINING HAS G ALL WORKING HOURS, AND FEDERAL, STATE AND LOCAL  (Date)  [AINED IN THIS NOTIFICATION F FORTH IN 18 PA C.S. §4904 |



# ASBESTOS PROGRAM FOR CONTRACTORS WORKING IN PENNSYLVANIA

The Pennsylvania asbestos program includes federal and state regulations to help protect the public from exposure to hazardous amounts of airborne asbestos. The following is a brief summary of the regulations. Information in this fact sheet does not supersede any federal, state or local requirements.

#### WHAT IS ASBESTOS?

Asbestos is a generic term used to describe a variety of natural mineral fibers. From the early 1930s until the 1970s, manufacturers added asbestos to products for strength and to provide heat insulation and fire resistance. Asbestos also resists corrosion and is a poor conductor of electricity. Because few products contained all of these properties, asbestos was widely used in the construction of homes, schools and other buildings.

# HOW CAN PEOPLE BE EXPOSED TO ASBESTOS?

Most people are exposed to small amounts of asbestos in their daily lives. However, if materials containing asbestos are disturbed—for example sawed, scraped or sanded into a powder—asbestos fibers are more likely to become airborne and inhaled into the lungs.

# HOW IS ASBESTOS REGULATED IN PENNSYLVANIA?

Because asbestos, in certain forms, has been determined to cause serious health problems, the Department of Environmental Protection (DEP) regulates the removal, collection, transportation and disposal of asbestos-containing materials (ACM). DEP's Air Quality Program has adopted and enforces the federal Environmental Protection Agency (EPA) 40 CFR Part 61 Subpart M, the Asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP) regulations, as amended on November 20, 1990. Should a project be subject to the NESHAP regulations, a minimum 10-day notification of the project is required to be made to both EPA and DEP. The EPA and DEP do not regulate the removal of ACM from private residences unless the residence is an apartment with five or more units.

The Pennsylvania Department of Labor and Industry (L&I) enforces the Pennsylvania Asbestos Occupations Accreditation and Certification Act of 1990 (Act 194 and Act 161), which requires certification for the following asbestos occupations: contractor, inspector, management planner, project designer, supervisor and worker. L&I requires a five-day prior notification for friable asbestos on indoor projects at regulated facilities (including the EPA/DEP exempt private residence when the friable asbestos is disturbed by someone other than the homeowner). Call L&I at 717-772-3396 for more information regarding Act 194 and Act 161.

Contact the municipality where the project is located to find out if there are any local regulations.

# WHAT ARE SOME IMPORTANT DEFINITIONS IN THE ASBESTOS NESHAP REGULATIONS?

- Friable ACM is material containing more than one percent asbestos that, when dry, can be crumbled, pulverized or reduced to a powder by hand pressure.
- Nonfriable ACM is material containing more than one percent asbestos that, when dry, cannot be crumbled, pulverized or reduced to a powder by hand pressure. It is divided into two categories:
  - Category I includes asbestos-containing packings, gaskets, resilient floor coverings or vinyl asbestos floor tile and asphalt roofing products.
  - Category II includes any other asbestos-containing material, except Category I nonfriable ACM, such as transite siding shingles, galbestos, concrete-type piping and other ACM concrete-type products.
- Regulated asbestos-containing materials (RACM) are: (a) friable ACM; (b) Category I nonfriable ACM that
  has passively become friable by water damage, fire damage or weathering; (c) Category I nonfriable ACM
  that will be or has been subjected to sanding, grinding, cutting, drilling or abrading; and (d) Category II
  nonfriable ACM that has a high probability of becoming or has become crumbled, pulverized or reduced to a
  powder in the course of demolition or renovation operations.
- Demolition the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.

- Renovation altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component.
- Facility any institutional, commercial, public or industrial structure. A single residential building with four or fewer dwelling units is not a regulated facility under the NESHAP regulation unless it is part of an installation, which was previously subject to NESHAP regulations or its main use is not residential.
- Installation a building or structure or any group of buildings or structures at a single demolition or renovation site that is under the control of the same owner or operator.

# WHAT DO I NEED TO KNOW BEFORE REMOVING ASBESTOS IN PENNSYLVANIA?

State regulations stipulate that it is illegal for anyone to engage in any asbestos occupation (worker, supervisor, project designer, inspector, management planner or contractor) without proper certification from the L&I. These requirements, along with a five-day notification prior to the start of any abatement or demolition project where ACM is present, are outlined in Acts 194 and 161. Call the L&I at 717-772-3396 for more information regarding these requirements.

The building must be thoroughly inspected for ACM prior to any renovation or demolition. If the amount of friable ACM that will be removed is more than 260 linear feet, 160 square feet or 35 cubic feet, the project falls under the federal NESHAP regulations. This requires that a notification be postmarked or hand delivered to DEP and EPA at least 10 WORKING DAYS prior to the start of the project. All demolitions of regulated facilities, as defined above, also require a 10-day notification to DEP and EPA, regardless of the presence of asbestos.

Additional regulations exist for demolition and renovation of any building containing ACM in Philadelphia and Allegheny counties. In Philadelphia County, call 215-685-7576. In Allegheny County, call 412-578-8133. It is important to contact the appropriate office if the project is located in either of these counties.

#### WHAT ARE THE PROCEDURES FOR NOTIFICATION?

Notification for projects in Pennsylvania are submitted on the "Asbestos Abatement and Demolition/Renovation Notification" form (revised 10/2002; web form revised 11/2007). A form may be obtained by contacting the DEP asbestos office at 717-787-9257 or by contacting the nearest DEP regional office listed below. The form can also be printed from the DEP website. Instructions are provided with the form. The notice must be delivered by the U.S. Postal Service, commercial delivery service or hand delivery. *FACSIMILES ARE NOT ACCEPTABLE*.

# WHERE IS THERE MORE INFORMATION?

To obtain copies of the NESHAP regulations, the notification form or other information, please contact the local DEP regional office:

Southeast Regional Office - 484-250-5920 (Bucks, Chester, Delaware, and Montgomery counties)

Northeast Regional Office - 570-826-2511 (Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, and Wyoming counties)

**South-central Regional Office** – 717-705-4702 (Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, and York counties)

North-central Regional Office – 570-327-3638 (Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, and Union counties)

Southwest Regional Office – 412-442-4000 (Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, and Westmoreland counties)

Northwest Regional Office – 814-332-6940 (Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, and Warren counties)

For work done in Philadelphia County, contact Air Management Services at 215-685-7576.

For work done in Allegheny County, contact Allegheny County Health Department at 412-578-8133.

For more information, visit www.dep.pa.gov.

