Associated
Specialty Contracting, Incorporated

RECEIVED
AUG 20 2013
Pesticides & Asbestos Programs
and Enforcement Branch (3LC62)
EPA Region III

August 19, 2013

U.S. Environmental Protection Agency-Region III
Pesticides/Asbestos Programs & Enforcement Branch
Mail Code: 3WC32
1650 Arch Street
Philadelphia, PA 19103-2029

Reference: **Amtrak 30th Street Station**
3000 Market Street
Philadelphia, Pa.

To Whom It May Concern:

The attached will serve as notification for the above referenced project.

Should you have any questions or require additional information, please call this office.

Sincerely,

John Lynch
Project Manager

JL: pd

cc: File 70-12-050

Associated Specialty Contracting
98 LaCrue Ave. Suite 110 Glen Mills, Pa. 19342 (610) 364-9622 fax (610) 364-9624

Associated
Specialty Contracting, Incorporated

August 19, 2013

Department of Public Health
Air Management Services
Asbestos Control Unit
321 South University Avenue
2nd Floor
Philadelphia, PA 19104-4597

Reference: **Amtrak 30th Street Station**
3000 Market Street
Philadelphia, Pa.

To Whom It May Concern:

The attached will serve as an initial notification for the above referenced project. Enclosed are checks in the amount of $25.00 for the application fee along with a check in the amount of $125.00 for the major project permit fee.

Should you have any questions or require additional information, please call this office.

Sincerely,

John Lynch,
Project Manager

JL: pd

cc: File 70-12-050

Associated Specialty Contracting
98 LaCrue Ave. Suite 110 Glen Mills, Pa. 19342 (610) 364-9622 fax (610) 364-9624

2700-FM-AQ0021 Rev. 9/2002 COMMONWEALTH OF PENNSYLVANIA

ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

Date Received 1

RECEIVED

AUG 20 2013

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

Date Received 2

This notification form must be completed for any project involving the removal of asbestos containing material or demolition o a defined facility in Pennsylvania. FOR PROJECTS IN ALLEGHENY COUNTY OR THE CITY OF PHILADELPHIA, refer to th instruction sheet. ALL OTHER PROJECTS - complete, SIGN WITH AN ORIGINAL SIGNATURE (page 5), and postmark o deliver, no less than ten working days prior to the start of the project, to the following address:

Regular Mail
ASBESTOS NOTIFICATION
DEP BUREAU OF AIR QUALITY
PO BOX 8468
HARRISBURG, PA 17105-8468

Overnight/Express Mail/Hand Delivery
ASBESTOS NOTIFICATION
DEP BUREAU OF AIR QUALITY
400 MARKET STREET
HARRISBURG, PA 17101

REFER TO THE ATTACHED INSTRUCTIONS FOR ADDITIONAL INFORMATION AND REQUIREMENTS.

1. TYPE OF NOTIFICATION **(check one):** ☒ Initial ☐ Annual Notification
   ☐ Revision **(highlight here, and changes)** ☐ Phase of Annual Notification
   ☐ Postponement ☐ Cancellation
   Date of Initial Notification or, if previously revised, date of last revision: 8/19/2013

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

3. **For Allegheny County and City of Philadelphia projects only:**
   A. Does this project require a permit? ☒ Yes ☐ No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)
   B. For City of Philadelphia projects requiring a permit:
   Asbestos project inspector: Frank Delizio Certification #: 901-0150
   Company name: 1 Source Safety and Health Inc.
   Address: 140 S. Village Ave Suite 130
   City: Exton State: PA Zip: 19341 Phone: 610-524-5525

4. WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? ☒ **Yes** ☐ **No**
   (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).

5. TYPE OF OPERATION **(check one):** ☐ Abatement before Demolition
   ☐ Demolition ☐ Ordered Demolition ☒ Renovation ☐ Emergency Renovation

6. FACILITY DESCRIPTION: Job No.: 70-12-050 **(see instructions)**
   Facility Name: Amtrack 30th Street Station
   Street/Rural Address: 3000 Market Street
   City: Philadelphia State: PA Zip Code: 191
   Present use: Train Station Prior use: same
   Will the facility be occupied during the abatement activity? ☒ Yes ☐ No
   Facility size in square feet: 30000 # of floors: 3 Age in years: +/- 75 years

7. ABATEMENT CONTRACTOR:
Company name: Associated Specialty Contracting
Allegheny County or City of Philadelphia License # (if applicable): 460
Street/Rural/POB Address: 98 LaCrue Avenue
City: Glen Mills State: PA Zip: 19342
Contact: Mark Goshow Telephone No. (between 8:00 & 4:30): 610-364-9622

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

9. FACILITY OWNER:
Owner name: Amtrack
Street/Rural/POB Address: 3000 Market Street
City: Philadelphia State: PA Zip: 191
Contact: Telephone No. (between 8:00 & 4:30):

10. FACILITY INSPECTION:
Building inspector: Brian Sariano Certification # 0281
Date of inspection: Is any material assumed to be asbestos? ☐ Yes ☒ No
Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:
PLM
☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. **(Philadelphia only)**

11. IS ANY TYPE OF ASBESTOS PRESENT ☒ Yes ☐ No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	pipe insulation	tunnell area 1	16	LF	REM	PCM
FRI	pipe insulation	tunnell area 2	16	LF	REM	PCM
FRI	pipe insulation	tunnell area 3	16	LF	REM	PCM
FRI	pipe insulation	tunnell area 4	16	LF	REM	PCM
FRI	pipe insualtion	tunnell area 5	16	LF	REM	PCM
FRI	pipe insualtion	tunnell area 6	16	LF	REM	PCM

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

13. Is this project regulated by NESHAP ☐ Yes ☒ No
Amounts (total combined) of ACM that are regulated by NESHAP: 260 LF or 160 SF or 35 CF. Refer to text box to the right.

The demolition of any defined "facility" makes a project NESHAP regulated. The following conditions, combined with the regulated amount of asbestos containing material (ACM), make a renovation project NESHAP regulated: (1) the removal of friable ACM from a defined "facility"; (2) the removal, from a defined "facility", of category 1 or category 2 nonfriable ACM that, by means of removal, can be rendered friable.

12. Type of ACM, Description & Location of Material, Approximate Amount of ACM, Type of Abatement and Final Air Clearance Method.

Amtrack - 30th street station tunnell

code*	Description of Material	Location of Material	AMOUNT OF ACM	code**	Code***	Code****
FRI	pipe insulation	tunnell area 7	16 LF		REM	PCM
FRI	pipe insulation	tunnell area 8	16 LF		REM	PCM

14. OPERATION SCHEDULE(S) (as applicable)

A. Asbestos abatement: Start Date: 8-29-2013 Completion Date: 12-31-2013
Daily hours of operation: 7:00 ☒ am ☐ pm to 3:30 ☐ am ☒ pm
Days of week (check) ☒ Mo ☒ Tu ☒ We ☒ Th ☒ Fr ☐ Sa ☐ Su

B. Demolition Start Date: _____ Completion Date: _____
Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

C. Renovation: Start Date: _____ Completion Date: _____
Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
Perform removal of asbestos to facilitate renovations

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVEN EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
All work will be performed in accordance with state, federal and local regulations

17. WASTE DISPOSAL SITE(S): **(asbestos containing material)**

A. Landfill name: Modern Landfill DEP permit #: 100113
Street/Rural Address: 440 Mt. Pisgah Rd
City: York State: PA Zip: 17402
Contact: Dispatch Telephone: 717-246-2682

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

18. AIR MONITORING FIRM(S)

A. Company name/individual: 1 Source Safety & Health Inc

Street/Rural Address: 140 S. Village Ave Suite 130

City: Exton State: PA Zip: 19341

Contact: Daniel Bruun Telephone: 610-524-5525

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

Street/Rural Address:

City: State: Zip:

Contact: Telephone:

Final clearance firm was hired by (check one) ☐ Contractor ☒ Owner

☐ Other Explain

19. AIR SAMPLE FIRM(S) **(City of Philadelphia projects only)**

A. PCM company name: Frank Delizio Certification #: 446

Street/Rural Address: 140 S. Village Ave Suite 130

City: Exton State: PA Zip: 19341

Contact: Frank Delizo Telephone: 610-524-5525

B. TEM company name: EMSL Analytical Inc Certification #: 137

Street/Rural Address: 200 Route 130 North

City: Cinnaminson State: NJ Zip: 08077

Contact: Gary Perlmutes Telephone: 800-220-3675

20. WASTE TRANSPORTER(S)

A. Transporter #1 name: Disposal Corporation of America

Street/Rural Address: 3433 Moore St.

City: Philadelphia State: PA Zip: 19145

Contact: Naomi Cycak Telephone: 215-463-2526

B. Transporter #2 name: N/a

Street/Rural Address:

City: State: Zip:

Contact: Telephone:

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): Hour of emergency: ☐ am ☐ pm

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS **(attach copy of order):**

Government agency that ordered: _____

Name of individual who ordered: _____ Title: _____

Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND C PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

All work will stop and EPA emergency procedures will be followed

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: Brian Sariano Certification #: 005489

Contractor (Individual): _____ Certification #: _____

Supervisor: Kurt Schoell Certification #: 003204

Contractor (Firm) Associated Specialty Contracting Certification #: 460

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

25. **I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE STATE AND LOCAL AGENCY RULES AND REGULATIONS.**

Mark Goshow 8-19-2013

(Signature of Owner/Operator) **(Date)**

Printed Name of Owner/Operator: Mark Goshow Title: Project Manager

26. **I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.**

Mark Goshow 8-19-2013

(Signature of Owner/Operator) **(Date)**

Printed Name of Owner/Operator: Mark Goshow Title: Project Manager

FOR OFFICIAL USE ONLY

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

Alternative Method Request

Office Use Only	Date Received: / /	Job Number:

[ ] Approved
[ ] Not Approved

[ ] Insufficient Information
[ ] Comply with Regulations
[ ] Alternatives not Acceptable
[ ] Other

By:

Name of Project: Amtrak 30th Street Station - tunnels

Address of Project: 3000 Market Street
Philadelphia, PA.

Location within Building: tunnels areas (1-8)

Amount of ACM: 128 LF of pipe insulation

Dates of Project: Start: 8-26-2013 Finish: 9-26-2013

Contractor Name: Associated Specialty Contracting
License #: 460

API Name: Frank Delizio / Wayne Gibson

Company Name: ~~One Source~~ Source Safety and Health

Phone: 610-524-5525

Signature:

Exact Section of Regulations:	Reason Regulation cannot be Complied with:	Your Detailed Alternative:
VI	Major Job will be done as Various minor jobs	ASCI will remove the pipe insulation in the tunnels in areas 1through 8. There is 16 lf of ACPI in each area. The areas will be prepped and cleared as a minor - PCM,

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

Alternative Method Request

Office Use Only	
Date Received: / /	Job Number:
[ ] Approved [ ] Not Approved [ ] Insufficient Information [ ] Comply with Regulations [ ] Alternatives not Acceptable [ ] Other By:	

Name of Project: Amtrak 30th Street Station - Tunnels

Address of Project: 3000 Market Street

Location within Building: Tunnel area

Amount of ACM: 128 LF of ACPI

Dates of Project: Start: 8-26-2013 Finish: 9-26-2013

Contractor Name: Associated Specialty Contracting
License #: 460

API Name: Frank Delizio / Klayne Gibson

Company Name: ~~One Source~~ / Source Safety and Health
Phone: 610-524-5525
Signature:

Exact Section of Regulations:	Reason Regulation cannot be Complied with:	Your Detailed Alternative:
VI (B)(19)	Regulations applicable to REMOTE DECON Limited space in tunnels	ASC will erect a remote 3-stage decon to be utilized. ~~A 2-stage~~ decon will be utilized, 1 stage to remove contaminated suit and the other stage to don a new suit to travel to remote decon.

CITY OF PHILADELPHIA * DEPARTMENT OF PUBLIC HEALTH
ASBESTOS PROJECT

PERMIT APPLICATION

SUBMIT TO:
CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
AIR MANAGEMENT SERVICES
ASBESTOS CONTROL UNIT
321 UNIVERSITY AVENUE
PHILADELPHIA, PA 19104

FOR OFFICE USE ONLY 10/99

[ ] APPROVED [ ] NOT APPROVED	PROJECT NUMBER :
DATE RECEIVED :	DATE APPROVED :
ENTERED : LOG [ ] DATA [ ]	APPROVED BY :

1. NAME OF PROJECT : AMTRAK 30th ST. Station - Tunnells
EXACT ADDRESS : 3000 Market ST.
CITY, STATE, & ZIP CODE : Phila. PA

2. NAME OF CONTRACTOR : Specialty Associated Contracting
CONTRACTOR LICENSE # : 460
BUSINESS PRIVILEGE TAX ID # :

3. MAJOR PROJECT PERMIT

ABATEMENT OF FRIABLE ASBESTOS CONTAINING MATERIAL INVOLVING 80 OR MORE SQUARE FEET OR 40 OR MORE LINEAR FEET.

4. TOTAL COST OF ABATEMENT $ 5 000

[ ] INITIAL
[ ] AMENDED . . . Permit #
[ ] FINAL . . . . . Permit #

5. FIRST $50,000 . . . . . [ ] BOX #1
6. TWO and a HALF PERCENT (2.5%) X .025 → [ ]

7. AMOUNT EXCEEDING $50,000 . . . . . [ ] BOX #2
8. ONE and a QUARTER PERCENT (1.25%) X .0125 → [ ]

9. PERMIT FEE DUE (ADD BOXES 1&2)
(MINIMUM PERMIT FEE, ONE HUNDRED TWENTY FIVE DOLLARS) . . . . . $ 125.00

FOR AMENDED AND FINAL PERMITS ONLY:

10. AMENDED PERMIT FEE . . . . . [ ]
11. AMOUNT PAID PREVIOUSLY . . . . . [ ]
12. ADDITIONAL AMOUNT DUE . . . . . $

IMPORTANT: A FILING FEE IS REQUIRED FOR ALL INITIAL APPLICATIONS. A SEPARATE NON-REFUNDABLE CHECK IN THE AMOUNT OF $25.00 MUST ACCOMPANY THIS APPLICATION IN addition TO A PERMIT FEE CHECK.

MAKE ALL CHECKS PAYABLE TO THE "CITY OF PHILADELPHIA"

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND THE INFORMATION CONTAINED IN THE ATTACHED NOTIFICATION IS TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA.C.S. S4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE OF APPLICANT:	PRINTED NAME :	TITLE :	DATE :
Mark Gehan	Mark Gehan	Project Manager	8/19/13