SUNOCO PARTNERS
MARKETING & TERMINALS
An ENERGY TRANSFER Partnership

CERTIFIED MAIL: 7016 0340 0000 1757 6456

December 11, 2017

Asbestos Notification
DEP Bureau of Air Quality
P. O. Box 8468
Harrisburg, PA 17105-8468

RE: Sunoco Partners Marketing & Terminals L.P. – Marcus Hook Industrial Complex
CY 2018 Asbestos Notification of Demolition or Renovation
40 CFR 61.145 Subpart M
PA Title 25 Chapter 124

Dear Sir or Madam,

In accordance with the above-referenced regulations, attached herein is a notification for the 2018 calendar year of routine asbestos renovation/demolition activities that are anticipated to occur at the Sunoco Partners Marketing & Terminals L.P. – Marcus Hook Industrial Complex.

Should you have any questions regarding this notification, please contact me at (610) 859-1279.

Sincerely,

Kevin W. Smith
Specialist – Environmental Compliance

Cc: Asbestos – NESHAP Coordinator (3WC32)
United States Environmental Protection Agency – Region III
1650 Arch St.
Philadelphia, PA
19103-2029

RECEIVED
DEC 14 2017
Pesticides & Asbestos Programs
and Enforcement Branch (3LC62)
EPA Region III

EPA REGION III
SDA ENVIRONMENTAL RESOURCE CENTER
PESTICIDES & PESTICIDE ALTERNATIVES

DEC 14 2011

RECEIVED

2700-FM-AQ0021 Rev. 11/2007

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

Date Received 1

RECEIVED
DEC 14 2017
Pesticides & Asbestos Programs and Enforcement Branch (3LC62) EPA Region III

Date Received 2

NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

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

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

3. **For Allegheny County and City of Philadelphia projects only:**
   A. Does this project require a permit? ☐ Yes ☐ No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)
   B. For City of Philadelphia projects requiring a permit:
   Asbestos project inspector: _____ Certification #: _____
   Company name: _____
   Address: _____
   City: _____ State: _____ Zip: _____ Phone: _____

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).

TYPE OF OPERATION **(check one):** ☐ Abatement prior to Demolition
☐ Demolition ☐ Ordered Demolition ☒ Renovation ☐ Emergency Renovation

FACILITY DESCRIPTION: Job No.: _____ **(see instructions)**
Facility Name: Sunoco Partners Marketing & Terminals L.P. - Marcus Hook Industrial Complex
Street/Rural Address: 100 Green Street
City: Marcus Hook State: PA Zip Code: 19061
Present use: Terminal Prior use: _____
Will the facility be occupied during the abatement activity? ☒ Yes ☐ No
Facility size in square feet: approx. 781 acres # of floors: _____ Age in years: 51+

ABATEMENT CONTRACTOR:
Company name: Brand Energy Services, LLC
Allegheny County or City of Philadelphia License # (if applicable): _____
Street/Rural/POB Address: 740 Veterans Drive
City: Swedesboro State: NJ Zip: 08085
ntact: Joe Kirchoff Telephone No. (between 8:00 & 4:30): 267-980-7482

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Pesticides & Asbestos Programs
and Enforcement Branch (3LCE2)
EPA Region III

8. DEMOLITION CONTRACTOR:

Company name: _____

Street/Rural/POB Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone No. (between 8:00 & 4:30): _____

9. FACILITY OWNER:

Owner name: Sunoco Partners Marketing & Terminals L.P.

Street/Rural/POB Address: 100 Green Street

City: Marcus Hook State: PA Zip: 19061

Contact: Kevin Smith Telephone No. (between 8:00 & 4:30): 610-859-1279

10. FACILITY INSPECTION **(required for renovation and demolition projects)**:

Building inspector: Roy Mosicant Certification # 107

Date of inspection: _____ Is any material assumed to be asbestos? ☒ Yes ☐ No

Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

PLM analysis will be utilized or material will be assumed to be asbestos.

☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

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

2. 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.

ode *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
RI	Thermal Insulation Systems	Marcus Hook Industrial Complex	5000	LF	REM	N/A
RI	Thermal Insualtion Systems	Marcus Hook Industrial Complex	2000	SF	REM	N/A

de *	Code **	Code ***	Code ****
pe of ACM	Units	Type of abatement	Final Clearance
I - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy
1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy
2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure	
te: Allegheny County its all ACM as friable)		NON - None	

Is this project regulated by NESHAP ☒ Yes ☐ No

A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

A. Asbestos abatement: Start Date: 01/01/2018 Completion Date: 12/31/2018
Daily hours of operation: 12:00 ☒ am ☐ pm to 11:59 ☐ 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:
Routine scheduled and unscheduled maintenance throughout the industrial complex

6. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Material will be removed while utilizing the Glovebag Method or a modified containment as required. The material will be place into two six millimeter bags and be properly disposed of at an EPA certified landfill.

WASTE TRANSPORTER(S)

A. Transporter #1 name: Republic Services of Philadelphia
Street/Rural Address: 3000 Hedley Street
City: Philadelphia State: PA Zip: 19137
Contact: Anita Toney Telephone: 215-305-4977

B. Transporter #2 name: _____
Street/Rural Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

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

A. Landfill name: Conestoga Landfill DEP permit #: 101509

Street/Rural Address: 420 Quarry Road

City: Morgantown State: PA Zip: 19543

Contact: James Kuhn Telephone: 717-246-4640

B. Landfill name: Modern Landfill DEP permit #: 100113

Street/Rural Address: 4400 Mount Pisgah Road

City: York State: PA Zip: 17402

Contact: James Kuhn Telephone: 717-246-4640

19. AIR MONITORING FIRM(S)

A. Company name/individual: Total Environmental Solutions

Street/Rural Address: 1005 St Georges Lane

City: Landenberg State: PA Zip: 19350

Contact: Eddie Iglesias Telephone: 302-344-4217

B. Final clearance firm: (if different than 19A) _____

Street/Rural Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone: _____

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

☐ Other Explain _____

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

A. PCM company name/individual: _____ Certification #: _____

Street/Rural Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone: _____

B. TEM company name: _____ Certification #: _____

Street/Rural Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone: _____

. FOR EMERGENCY RENOVATIONS:

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

Description of the sudden, unexpected event:

_____

_____

_____

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

_____

_____

_____

_____

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

Government agency that ordered: _____

Name of individual who ordered: _____ Title: _____

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

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

_____

_____

_____

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____ Certification #: _____

Contractor (Individual): _____ Certification #: _____

Supervisor: Joey Kirchoff Certification #: C0602A

Contractor (Firm) Brand Energy Services, LLC Certification #: C0602A

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

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

_____ 12/11/17

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

Printed Name of Owner/Operator: Edward G. Human Title: Director Marcus Hook Operations

6. **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.**

_____ 11/20/17

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

Printed Name of Owner/Operator: Edward G. Human Title: Director Marcus Hook Operations

FOR OFFICIAL USE ONLY

ENERGY TRANSFER

Marcus Hook Industrial Complex
100 Green Street
Marcus Hook, PA 19061

$1.
US POST
FIRST-CL
062S-149981
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B83802.10.
stamps.com

Asbestos - NESHAP Coordinator (3WC32)
U.S. EPA Region III
1650 Arch St.
Philadelphia, PA 19103-2029