



Notice of Appeal

RECEIVED

SEP 23 2021

LEGAL SECTION
Allegheny County
Health Department

This form is used to file an appeal of an order, notice, decision, determination, or ruling by the Allegheny County Health Department. Please complete this form (use additional pages as necessary). If more than one person or entity is filing this appeal, please attach a separate form for each additional appellant. **A copy of the order, notice, decision, determination, or ruling must be attached to the Notice of Appeal.**

Name HARRY M. RICHARD

Mailing Address CSI CONSTRUCTION CO., INC 2051 ABER RD

City VERONA State PA Zip 15147 Email HARRYCSI@YAHOO.COM

Phone 412-580-4968 Fax (optional) _____

If you are represented by an attorney, please provide contact information for your attorney:

Name FRANKLIN ROBINSON, ESQ

Mailing Address 5907 PENN AVENUE

City PITTSBURGH State PA Zip 15206 Email FLRQUESTIONS@ADL.COM

Phone 412-363-6685 Fax (optional) _____

Describe your objections to the Department's actions and a statement describing the relief you want the Hearing Officer to grant. (The objections may be factual or legal and must be specific. If you fail to state an objection here, you may be barred from raising it later in your appeal. Use additional pages if necessary.)

THERE TWO INCIDENTS REFERRED TO IN THE ACHD LETTER THAT INDICATED THE REVOCATION OF ASBESTOS CONTRACTOR'S LICENSE.

1) THE CCAC-BOYCE CAMPUS HALLWAY FILE FIBES ABATEMENT FOR OUR FAILURE TO LEAVE THE CRITICAL BARRIERS CONTAINMENT UP UNTIL THE ACHD INSPECTION. IT WAS IN OUR PERCEPTION IMPOSSIBLE TO DO SO SINCE STUDENTS NEEDED ACCESS TO THE HALLWAY MONDAY AM. THAT ABATEMENT WAS PERFORMED ON SATURDAY.

By filing this Notice of Appeal with the Allegheny County Health Department, I hereby certify that the information submitted is true and correct to the best of my information and belief.

Signature [Signature] Date 9/20/2021

Appeals should be submitted in person or by mail to:
Allegheny County Health Department
Attention: Hearing Officer
542 4th Avenue
Pittsburgh, PA 15219



Notice of Appeal

This form is used to file an appeal of an order, notice, decision, determination, or ruling by the Allegheny County Health Department. Please complete this form (use additional pages as necessary). If more than one person or entity is filing this appeal, please attach a separate form for each additional appellant. **A copy of the order, notice, decision, determination, or ruling must be attached to the Notice of Appeal.**

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

Phone _____ Fax (optional) _____

If you are represented by an attorney, please provide contact information for your attorney:

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

Phone CONTINUED: _____ Fax (optional) _____

Describe your objections to the Department's actions and a statement describing the relief you want the Hearing Officer to grant. *(The objections may be factual or legal and must be specific. If you fail to state an objection here, you may be barred from raising it later in your appeal. Use additional pages if necessary.)*

1) 137 ALDER WAY. AN ABANDONED SINGLE FAMILY HOME WITH FLOOR TILES IN THE BASEMENT (SF) WHICH REQUIRED A GREAT DEAL MORE THAN THE USUAL HAND TOOL METHODS OF REMOVAL. MY SON ALBERT W. JONES AN ASBESTOS SUPERVISOR LEFT THE CONTAINMENT AT SITE WHICH WAS REMOVED BY CHILDREN IN THE NEIGHBORHOOD. UPON RETURN TO THE SITE A NEW CRITICAL BARRIER CONTAINMENT WAS INSTALLED ONLY TO BE ONE MORE DESTROYED BY NEIGHBORHOOD KIDS.

2) WE ARE ASKING FOR THE CANCELLATION OF PROBATION.

By filing this Notice of Appeal with the Allegheny County Health Department, I hereby certify that the information submitted is true and correct to the best of my information and belief.

Signature [Signature] Date 9/20/2021

Appeals should be submitted in person or by mail to:
Allegheny County Health Department
Attention: Hearing Officer
542 4th Avenue
Pittsburgh, PA 15219