

SEP-20-2002 09:09

FARINELLA & SAM

P.02



ONLY
TYPEWRITTEN
FORMS WILL
BE ACCEPTED



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

60-17 Junction Boulevard, 6th Floor, Queens, NY 11365-6107**NOT AN ASBESTOS PROJECT**

FOR OFFICIAL USE ONLY

1. NYC Building Dept. Asbestos # _____

ACT # Pgs # _____

When submitting this form to the NYC Department of Buildings, the original form and three (3) copies with original signature and seal are required. Submission to the NYCDP requires one copy of the form with original signature and seal.

2. Facility Address 72 Nassau Street Borough Manhattan Zip 10038
 AKA _____ 3. Block 78 4. Lot 35
 5. Building Owner Galb Realty Tel # 212-349-0015
 6. Address 113 Cedar Street State N.Y. Zip 10007
 7. Contact Person Charles Gengler 8. Tel # 212-349-0015
 9. Description of the Entire Scope of Work New loft dwellings on 2nd and 3rd floors. Framing for new stair.
New plumbing and HVAC, and new sprinklers.

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date _____ of the Entire Scope of Work.

- 11.1. Anthony Nowicki have conducted an asbestos investigation on 10-4-01 in accordance with _____
 Name of Certified Asbestos Investigator Date

Sections 1-16 and 1-27 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☐ a. premise to be demolished is free of any asbestos containing material (ACM).
☐ b. premise to be demolished contains 10 square feet or less or 25 linear feet or less of ACM.
☒ c. cumulative surfaces of structure(s) affected by the work are free of ACM.
☐ d. cumulative surfaces of structure(s) affected by the work contain 10 square feet or less or 25 linear feet or less of ACM.
☐ e. normally non-friable ACM shall be disturbed/removed. Specify amount: _____ square feet
☐ f. ACM will not be disturbed during the scope of work. Specify amount of ACM present: _____ square feet _____ linear feet

All ACM specified in "b", "d", or "f" must be removed in accordance with the DEP Asbestos Rules or NYS DOL IC868.

12. RESULTS OF BUILDING SURVEY AND HAZARD ASSESSMENT:

FLOOR (including cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire floor, wing, room & boiler room, lobby, etc.)	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT YES NO	ASSUMED ACM
SubCellar	Partial	None-Wood, concrete	0		XX
Cellar	"	" " "	0		XX
1st Fl.	"	" " "	0		XX
2nd Fl.	"	" " "	0		XX
3rd Fl.	"	" " "	0		XX

13. Analytical Laboratory _____

14. ELAP # _____ 15. Date(s) Samples Analyzed _____

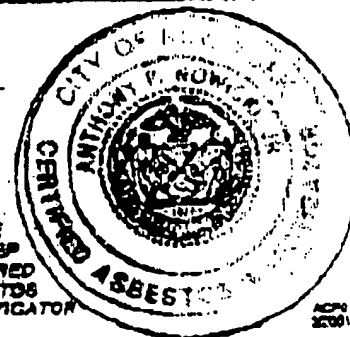
16. I hereby declare the information provided herein is true and complete.

Anthony Nowicki 85312-71603 10-4-01
 NYC DEP Certified Asbestos Investigator's Signature Certificate Number Date Daytime Telephone Number

Any modification or deviation from information provided on this form must be reported immediately in writing directly to the NYCDP. The requirements of the Asbestos Control Program Rules may not be lawfully avoided or lessened through the performance of work in incremental or piecemeal fashion.

* Impound statements, as defined in §26-3.1 of IC868, are not permitted in New York City.

SEAL
OF THE
NYCDP
CERTIFIED
ASBESTOS
INVESTIGATOR



TOTAL P.02

ONLY
TYPEWRITTEN
FORMS WILL
BE ACCEPTED



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
30-17 Junction Boulevard, 6th Floor, Corona, NY 11368-0107

NOT AN ASBESTOS PROJECT

FOR OFFICIAL USE ONLY

NYC Building Dept. Application #

ACP 5 Fee \$

When submitting this form to the NYC Department of Buildings, the original form and three (3) copies with original signature and seal are required. Submittal at the NYCDP requires one copy of the form with original signature and seal.

2. Facility Address 72 Nassau Street Borough Manhattan Zip 10038
AKA _____ 3 Block 78 4 Lot 35
5. Building Owner Galb Realty Tel. # 212-349-0015
6. Address 113 Cedar Street State N.Y. Zip 10007
7. Contact Person Charles Gengler 8. Tel. # 212-349-0015
9. Description of the Entire Scope of Work Window replacement.

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date _____ of the Entire Scope of Work.

11. I, Anthony Nowicki, have conducted an asbestos investigation on 9-5-02 in accordance with
Name of Certified Asbestos Investigator Date

Sections 1-16 and 1-27 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☐ a. premise to be demolished is free of any asbestos containing material (ACM).
☐ b. premise to be demolished contains 10 square feet or less of 25 linear feet or less of ACM.
☒ c. cumulative surfaces of structure(s) affected by the work are free of ACM.
☐ d. cumulative surfaces of structure(s) affected by the work contain 10 square feet or less of 25 linear feet or less of ACM.
☐ e. normally non-friable ACM shall be disturbed/removed. Specify amount _____ square feet
☐ f. ACM will not be disturbed during the scope of work. Specify amount of ACM present: _____ square feet _____ linear feet

All ACM specified in "b", "d", or "e" must be removed in accordance with the DEP Asbestos Rules or NYS DOL ICRR.

12. RESULTS OF BUILDING SURVEY AND HAZARD ASSESSMENT:

FLOOR (including cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, area wing, room #, boiler room, lobby, etc.)	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT YES NO	ASSUMED ACM
2nd Fl.	Partial - Windows	None - Concrete, wood	0		XX
3rd Fl.	" "	" " "	0		XX

13. Analytical Laboratory _____

14. ELAP # _____ 15. Date(s) Samples Analyzed _____

16. I hereby declare the information provided herein is true and complete.

Anthony Nowicki
NYC DEP Certified Asbestos Investigator's Signature

NYC DEP Certified Asbestos Investigator's Signature
Certificate Number

9-5-02

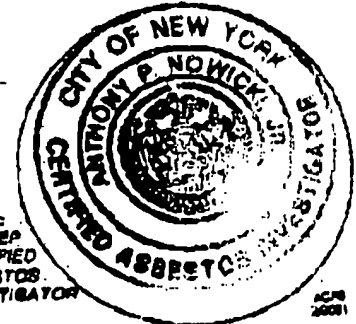
Telephone Number

Any modification or deviation from information provided on this form must be reported immediately in writing directly to the NYCDP. The requirements of the Asbestos Control Program Rules may not be lawfully avoided or lessened through the performance of work in incremental or piecemeal fashion.

Legitimate operations, as defined in §26-3.1 of ICRR, are not permitted in New York City.

NYC DEP
30-17 Junction Boulevard
Corona, NY 11368-0107
(718) 249-0015

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



TOTAL P.01



PII

DAVID M. BALDWIN REALTY CO., INC.

113-117 CEDAR STREET • SUITE 3A

NEW YORK, N.Y. 10006

TEL. (212) 349-0015 • (212) 349-0650 • FAX (212) 349-1873

PII

September 18, 2002

R. Radhakrishnan, P.E., Director
Asbestos Control Program
The City of New York
Dept. of Environmental Protection
59-17 Junction Blvd.
Flushing, NY 11373-5108

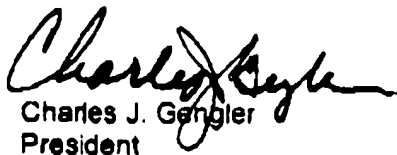
37 John Street
72 Nassau Street

Dear Mr. Radhakrishnan:

In response to your FINAL NOTICE dated September 3, 2002 regarding the cleaning of the exterior surfaces of our building, please be advised that we have entered into an independent contract with S.R.C. Industries, Inc., 340 Stagg Street, Brooklyn, New York to REMOVE and REPLACE all windows and façade above store level on both street fronts.

Our scope of work clearly exceeds the DEP's Cleaning Program. We are utilizing funds received from our insurance carrier that were designated for "clean-up" and applying them to the larger overall scope of work, which obviously rectifies the debris removal. Had we elected to join your program, we would have been bound to remit our "clean-up" insurance proceeds as reimbursement only to see the new newly cleaned surface demolished in the new program.

Very truly yours,
DAVID M. BALDWIN REALTY CO., INC.



Charles J. Gengler
President