

E192WTC



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

1624MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1. NYC DEP
(See fee schedule)

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal at the NYCDEP requires one copy of the form with original signatures. This form must be submitted to the NYC DEP not less than one week in advance of the start of abatement activities.

EMERGENCY

I. FACILITY

2. Address 24 JOHN STREET Borough MAN Zip 10038
AKA _____ 3. Block 65 4. Lot 24
5. Type of Facility MIXED USE 6. Name of Building _____

II. BUILDING OWNER

7. Name _____ 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL INC. 13. Contact Person LOUIE IANNICO
14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808
16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 18. Contact Person MICHAEL NOLAN
19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
21. Address 228 EAST 45TH STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 10/02/02 Projected completion date 10/31/02

Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☐ Friday ☒ Saturday ☒ Sunday

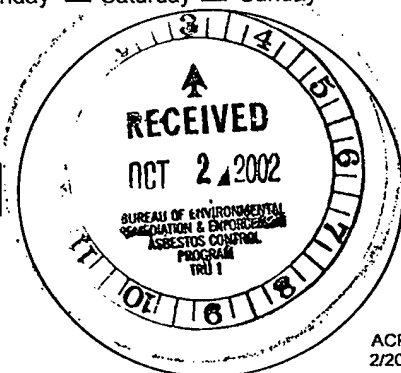
Shift from: 8⁰⁰ ☒ am ☐ pm to 8⁰⁰ ☐ am ☒ pm

If other,
specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

25. Total amount of asbestos-containing material to be abated during this work

16869 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # W-462 Tel.# (718) 522-2263

Disposal Site(s) BWE RIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

27. This asbestos abatement is part of a (Item a through e requires filing of this form with NYC Department of Buildings)

- a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration
e) ☐ Fireproofing Replacement f) ☐ Other (Describe) _____

28. TYPE OF ABATEMENT (Check all appropriate boxes)

- ☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☒ Clean up

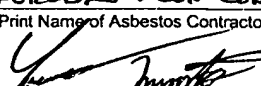
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM SQUARE FEET LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
ROOF		ROOF SURFACES	4769	
FACADE	NORTH, SOUTH, EAST	FACADE SURFACES	8500	ALL SURFACES
ROOF		SKY LIGHTS & BULKHEADS	1280	
		DUCTS & METAL SURFACES	2320	

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS Print Name of Air Monitor  Signature <u>10/1/02</u> Date	B. KURZBAU & SON CONTROL Print Name of Asbestos Contractor  Signature <u>10/6/02</u> Date	Print Name of Applicant (If other than Owner) Signature Date
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32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized the filing of this notification for the work specified herein.

Print Name of Owner

Signature

Date

A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.

Any modification of information provided on this form must be reported immediately in writing directly to the NYC DEP ACP.

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.