STATE OF NEW YORK - DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH
ASBESTOS CONTROL BUREAU
State Office Campus
Building 12 - Room 157
Albany, N.Y. 12240

RECEIVED
DEPARTMENT OF LABOR
ASBESTOS CONTROL BUREAU
SEP 24 2002
PROGRAM MANAGER
ASBESTOS BUREAU

ASBESTOS PROJECT NOTIFICATION

CK 1296 $1,000

AMENDED NOTIFICATION
a. ☐ Postponed ☐ Cancelled
b. New Start Date _____
c. New End Date _____
d. Submitted By

Refer to Information Sheet or Code Rule 56 for Time Deadlines

EMERGENCY NOTIFICATION REQUESTED

a. Date of Request	b. Time of Day
9/23/02	2:50pm

c. Name of Person Granting Request: Mr. Fisher

WITHIN TWO WORKING DAYS OF THE EMERGENCY APPROVAL, you must submit duplicate copies of this form with the appropriate fee to the Asbestos Control Bureau at the address shown.

1. NAME AND ADDRESS OF CONTRACTOR
JVN Restoration Inc.
47 Foster Road
Staten Island, N.Y. 10309

2. FEDERAL EMPLOYER IDENTIFICATION NO. PII

3. ASBESTOS LICENSE NO. 02-0356

4. MAILING ADDRESS, (if different than listed in ITEM 1)

5. NAME AND ADDRESS OF PARTY FOR WHOM THE PROJECT IS BEING PERFORMED
Fire Dept. of N.Y. Engine Co.10/Ladder Co.10

6. a. NAME AND TITLE OF DULY AUTHORIZED REPRESENTATIVE
John Tardy, Project Manager

b. TELEPHONE NO. (718)605-6256

PROJECT INFORMATION

PROVIDE ALL INFORMATION REQUESTED FOR THE BUILDING/SITE AT WHICH THE ASBESTOS PROJECT WILL BE CONDUCTED.

7. ADDRESS (INCLUDE NAME OF BUILDING, ROOM NO., CITY, TOWN, VILLAGE)
124 Liberty Street

8. NAME OF BUILDING OWNER
City of New York

9. COUNTY
Manhatten

10. CURRENT USE OF BUILDING
Commercial

11. AGE OF BUILDING
50+

12. TOTAL CONTRACT AMOUNT
$TBD

13. PROJECT DATE(S) - List phased project dates in REMARKS (Item 20)

a. ACTUAL STARTING DATE: 9/24/02

b. PROJECTED ENDING DATE: 10/01/02

14. TYPE OF ASBESTOS WORK (CHECK ALL WHICH APPLY)
☐ Pipe Related
☐ Sprayed on Insulation
☒ Roofing/Flashing
☐ Vessel Covering
☐ Siding
☒ VAT
☐ Demolition
☒ Other (Specify) Mastic

15. WILL WORK ON THE PROJECT BE CONDUCTED UNDER A VARIANCE? If yes, specify the type of variance:
☒ APPLICABLE VARIANCE - NO.: 119 & 120
☐ INDIVIDUAL VARIANCE - PETITION NO.: _____

16. WILL SUBCONTRACTORS BE USED ON THE PROJECT? ☒ NO ☐ YES

If yes, please list name and federal employer identification number of each subcontractor in REMARKS (Item 20) on reverse of form.

17. ASBESTOS PROCEDURE(S) TO BE USED (CHECK ALL WHICH APPLY)
☒ REMOVAL ☐ DEMOLITION
☒ ENCLOSURE ☐ DISTURBANCE
☒ ENCAPSULATION ☒ HANDLING
☐ OTHER (Specify) _____

18. TYPE OF ASBESTOS MATERIAL
☐ FRIABLE
☒ NON-FRIABLE

19. AMOUNT OF ASBESTOS INVOLVED - CHECK ALL APPLICABLE BOX(ES)

LINEAR FEET		SQUARE FEET	
☐ Less than 260 (Specify) _____		☐ Less than 160 (Specify) _____	
☐ ($100)	260-429	☐ ($100)	160-259
☐ ($200)	430-824	☐ ($200)	260-499
☐ ($500)	825-1649	☐ ($500)	500-999
☐ ($1000)	1650 OR MORE	☒ ($1000)	1000 OR MORE 6355 083407
(Specify) _____		(Specify) _____	

20. METHODS TO BE USED AT PROJECT SITE TO PREVENT ASBESTOS DISSEMINATION (INCLUDING TYPE OF EQUIPMENT AND VENTILATION SYSTEMS USED)
HEPA-filtered negative air filtration units. Wet methods, HEPA-filtered vacuums, decontamination facility with showers.

21. I verify that the information specified on this notification is true and accurate and that the project will be conducted in compliance with the requirement of Code Rule 56.

a. Signature of the Contractor or Duly Authorized Representative: John Tardy, Project Manager — b. Date: 9/23/02

PREPARE THIS APPLICATION IN TRIPLICATE AND SUBMIT:
- An original and one copy (with an ink signature on both copies) to the New York State Department of Labor, Division of Safety and Health, Asbestos Control Bureau, State Office Campus, Building 12-Room 157, Albany, NY 12240; *retain one copy for your records.*
- A check or money order, made payable to the Commissioner of Labor, for the fee due based on the project size as shown in Item 19

This notification must be submitted at least 10 days prior to the starting date of the asbestos project.

22. METHOD(S) TO BE USED AT PROJECT SITE TO TREAT OR DISPOSE OF CONTAMINATED WASTE WATER (IF APPLICABLE)

Water will be filtered under five microns and disposed of as asbestos waste.

23. NAME AND ADDRESS OF WASTE DISPOSAL SITE, IF ANY	24. NAME AND ADDRESS OF WASTE HAULER/TRANSPORTER, IF ANY
Greenridge Reclamation Landfill Road Scottdale, PA. 15683 Alternate: Imperial Landfill 11 Boggs Road Imperial, P.A. 15126	David J. Martinez Inc. 109 113 Jacobus Ave Kearny, N.J. 07032 Alternate: A.T.C. P.O. Box 1044 Hampton Bays, N.Y. 11966

25. METHOD(S) TO BE USED AT WASTE DISPOSAL SITE (IF APPLICABLE)

Wet methods-double bagged (6mil) and labeled with job location,building owner, and company leasing.

26. LIST ALL EQUIPMENT TO BE USED FOR THIS ASBESTOS PROJECT, e.g. NEGATIVE AIR FILTRATION UNITS, RESPIRATORS, WETTING DEVICES, HEPA VACUUMS, ETC. DO NOT INCLUDE NON-ASBESTOS RELATED EQUIPMENT OR EXPENDABLE SUPPLIES. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

DESCRIPTION OF EQUIPMENT	MANUFACTURER	MODEL NUMBER	QUANTITY
HEPA Vacuum	Hako Nilfisk	102-ASB	2
Negative Air System	Critical Microtrap Mach 2 Jr.		4
Portable Shower	Aerospace	Collapsat	2
P.A.P.R. Respirator	MSA Racal	O.P.M.	10
1/2 Face Respirator	North	1/2 Face	10

27. LABORATORY ANALYSIS TO BE PERFORMED BY:

a. NAME	b. ELAP REGISTRATION NUMBER
Cole Consulting	11-700

28. REMARKS

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification

I. TYPE OF NOTIFICATION (O = Original / R = Revised) : O

II. FACILITY INFORMATION (identify owner, removal contractor, and other operator)

OWNER: City of New York

Address: 124 Liberty Street

City: New York | State: N.Y. | ZIP: 10006

Contact: Paul Kiernan | Tel: (914) 633-7500

REMOVAL CONTRACTOR: JVN Restoration Inc.

Address: 47 Foster Road

City: Staten Island | State: New York | ZIP: 10309

Contact: John Tardy | Tel: (718) 605-6256

OTHER OPERATOR: N/A

Address:

City: | State: | ZIP:

Contact: | Tel:

III. TYPE OF OPERATION (D = Demolition / R = Renovation) : R

IV. IS ASBESTOS PRESENT? (Yes/No): Yes

V. FACILITY DESCRIPTION (include building name, number and floor or room number):

Building Name: Fire Department of New York Engine CO. 10/Ladder CO. 10

Address: 124 Liberty Street

Address:

City New York | State: New York | County: Manhattan

Site Location: Roof

Building Size: | SqMeter: | SqFt: 9873 | # of Floors: 3 | Age in Years: 50+

Present Use: vacant | Prior Use:

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk/PLM (AHERA)

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY HE AMOUNT OF ASBESTOS BELOW:

	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	6355		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 9/24/02 Completion: 10/01/02

IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: N/A Completion: N/A

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

N/A

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Negative air machines under HEPA filtration system: Wet Methods.

XII. WASTE TRANSPORTER #1

Name: David J. Martinez Inc.

Address: 109 113 Jacobus Ave

City: Kearny | State: New Jersey | ZIP: 07032

Contact Person: Kevin Skudera | Telephone: (973) 491-0006

WASTE TRANSPORTER #2

Name: A.T.C

Address: P.O. Box 1044

City: Hampton Bays | State: N.Y. | ZIP: 11966

Contact Person: Kenneth Smith | Telephone: (516) 924-5050

XIII. WASTE DISPOSAL SITE

Name: Greenridge Reclamation | Alternate: Imperial Landfill

Address: Landfill Road | 11 Boggs Road

City: Scottdale | State: P.A. | ZIP: 15683 | Imperial, P.A. 15126

Telephone: (724) 887-1370

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name: N/A | Title:

Authority:

Date of Order (MM/DD/YY): | Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

N/A

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

N/A

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

N/A

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) 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 NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

John Tardy — Signature of Owner/Operator | 9/23/02 — Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

John Tardy — Signature of Owner/Operator | 9/23/02 — Date