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

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Building Dept. or TRU No
FOR OFFICIAL USE ONLY

(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.

I. FACILITY

2. Address 114 Liberty Street Borough Manhattan Zip 10006

AKA _____ 3. Block 52 4. Lot 7502

5. Type of Facility Condominium 6. Name of Building 114 Liberty Street

II. BUILDING OWNER

7. Name _____ 8. Contact Person _____

9. Tel. # _____ Fax # _____

10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name Not Applicable Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name ETS Contracting, Inc. 13. Contact Person Robert Middleton

14. Federal Employer ID. # PII 15. Tel. # (718) 706-6300 Fax # (718) 706-1032

16. Address 160 Clay Street City Brooklyn State NY Zip 11222

V. THIRD PARTY AIR MONITOR

17. Name JLC Environmental Consultants, Inc. 18. Contact Person Jeniffer Carey

19. Federal Employer ID. # PII 20. Tel. # (212) 420-8119 Fax # (212) 420-6092

21. Address 200 Park Avenue South City New York State NY Zip 10003

22. Sample Analysis Laboratory JLC Environmental, Inc. 23. NYS DOH ELAP # 11029

VI. PROJECT INFORMATION

24. Starting date for this portion of work 3/7/03 Projected completion date 4/30/03

Asbestos work schedule ☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☑ Sunday

Shift from: 8:00 ☑ am ☐ pm to 5:00 ☑ 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

69,000 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Tri-State Transfer NYS DEC Permit # 1A-375 Tel.# (718) 617-0661

Disposal Site(s) BFI Imperial Landfill, 11 Boggs Road, PO Box 47, Imperial, PA 15126

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) ACM Removal

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
(as per NYC-DEP, WTC-LBP contract procedures)

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	AMOUNT OF ACM LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
1st	Entire	All Surfaces	6,000		ACM/Debris Clean -Up
2nd	Entire	All Surfaces	6,000		(as per WTC-LBP, NYC-DEP
3rd	Entire	All Surfaces	6,000		Contract Procedures)
4th	Entire	All Surfaces	6,000		
5th	Entire	All Surfaces	6,000		
6th	Entire	All Surfaces	6,000		
7th	Entire	All Surfaces	6,000		
8th	Entire	All Surfaces	6,000		
9th	Entire	All Surfaces	6,000		
10th	Entire	All Surfaces	6,000		
11th	Entire	All Surfaces	6,000		
12th	Entire	All Surfaces	3,000		

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.

JLC Environmental Cons., Inc.	ETS Contracting, Inc.	ETS Contracting, Inc.
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (if other than Owner)
Signature	Signature	Signature
Date	Date	Date

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.

ACP7
2/2001

ETS CONTRACTING, INC.

FACSIMILE TRANSMITTAL SHEET

TO: Ms. Virginia Gaynor
FROM: Robert Middleton
COMPANY: NYC - DEP
DATE: 2/26/03
FAX NUMBER: 718 595-4422
TOTAL NO. OF PAGES INCLUDING COVER: 3
RE: 114 Liberty St
CC: Penny

☒ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Virginia, please review attached...
fill in items marked "*"
& fax back...
Make any necessary corrections
also

Thanks Again
Bob

160 CLAY STREET, BROOKLYN, NY 11222
TEL. (718) 706-6300; FAX (718) 706-1032; EMAIL bob@etsets.com