ER 175/01

EMERGENCY
ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED
DEC 1 0 2001

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU1489HN01
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. $800 (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 200 West Thames Street Borough Manhattan Zip 10006

AKA None 3. Block 16 4. Lot 5547

5. Type of Facility Residential 6. Name of Building None

II. BUILDING OWNER

7. Name Les Jacobowitz c/o Liberty Court Condominium 8. Contact Person Les or Dianna Jacobowitz

9. Tel. # (212) 891-9517 Fax # (212) 891-9598

10. Address 200 West Thames Street City New York State NY Zip 10006

III. GENERAL CONTRACTOR

11. Name None Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name PAL Environmental Safety Corp. 13. Contact Person Michael Chain

14. Federal Employer ID. # PII 15. Tel. # (718) 349-0900 Fax # (718) 349-2800

16. Address 43-09 Vernon Boulevard City LIC State NY Zip 11101

V. THIRD PARTY AIR MONITOR

17. Name ATC Associates, Inc. 18. Contact Person Ben Sellami

19. Federal Employer ID. # PII 20. Tel. # (212) 353-8280 Fax # (212) 353-3599

21. Address 104 East 25th Street City New York State NY Zip 10010

22. Sample Analysis Laboratory ATC 23. NYS DOH ELAP # 1879

VI. PROJECT INFORMATION

24. Starting date for this portion of work 12/12/01 Projected completion date 12/12/01

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.

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

300 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler JBT NYS DEC Permit # IA-375 Tel.# (718) 617-0771

Disposal Site(s) Greenridge Reclamation- Scottsdale, PA

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) Emergency Asbestos Clean-up (E-175-01)

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

TRU489MN01

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.)
8	Master bed room & bath	floor	300		Emergency asbestos dust clean-up

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.

ATC Associates, Inc.	PAL Environmental Safety Corp.	PAL Environmental Safety Corp.
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
12/17/01	12/17/01	12/17/01
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.

Dianna Jacobowitz — Print Name of Owner

Signature

12/17/01 — 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