Melody

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT AMENDMENT FORM

FOR FORM ACP 7

FOR OFFICIAL USE ONLY
Fee (if any) $ _____
Amendment 2002-A20416
Information Only: ☐ Yes ☐ No

A modification is valid only if it is received by the NYCDEP prior to the previously filed date of completion, except for start date changes that must be received by the original start date.

ACP7 TRU/BN# 1047MN02 Facility Address 156 WILLIAM STREET Borough MAN Zip 10038

Date ACP7 was filed _____ Variance # (if any) _____

Was this ACP7 amended before? ☐ Yes ☒ No If yes, specify date _____

Original Start Date _____ Original Completion Date _____ from ACP 7, #24.

PLEASE ENTER THE INFORMATION THAT IS BEING CHANGED:

A notification may be modified no more than twice.
Only the building owner may amend items IV and V.
The original applicant or building owner may amend all other items.

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name _____ 13. Contact Person _____

14. Federal Employer ID. # _____ 15. Tel. # _____ Fax # _____

16. Address _____ City _____ State _____ Zip _____

RECEIVED
AUG 26 2002
TRU

V. THIRD PARTY AIR MONITOR

17. Name _____ 18. Contact Person _____

19. Federal Employer ID. # _____ 20. Tel. # _____ Fax # _____

21. Address _____ City _____ State _____ Zip _____

22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

☐ Project Cancelled
☐ Project Postponed

24. Starting date for this portion of work _____ Projected completion date _____

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

Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm If other, specify _____

25. Additional asbestos-containing material to be disturbed during this work 12240 Square Feet, and/or 0 Linear Feet

Reduction in the amount of ACM to be disturbed during this work _____ Square Feet, and/or _____ Linear Feet

29. Abatement Procedure for Additional Material (Check all appropriate boxes)
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

Other Changes _____

30. Locations of abatement modified by above _____
(For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner _____ Tel. # _____

Name of Company (If any) _____ Fax # _____

Address _____ City _____ State _____ Zip _____

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

NYCDEP 08-31-02
Signature of Applicant /Owner Date

ACP 8
2/2001

E091WTC

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

EMERGENCY

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

TRU 104849N02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 .

I. FACILITY

2. Address 156 William St Borough Manhattan Zip _____

AKA 51-55 Beekman St, 73-85 Ann St 3. Block 93 4. Lot 20

5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 156 William St, LLC 8. Contact Person _____

9. Tel. # (212) 924-9690 Fax # _____

10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Benjamin Kurzban & Son Control 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 St 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 7/8/02 Projected completion date 8/8/02

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

Shift from: _____ ☐ am ☐ pm to _____ ☐ 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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JUL 03 2002
DEP/BANHM ASBESTOS/LEAD PROGRAM TRUG 2

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

15487 & Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

156 WILLIAM STREET

ASBESTOS INSPECTION REPORT (continued)

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

Disposal Site(s) BlueRidge 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

10489N02

30. **LOCATIONS OF ABATEMENT** ROOF MATERIAL : STONES AND OR GRAVEL

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.)
TOP ROOF		ROOF SURFACE	8881		
COOLING TOWER ROOF		ROOF SURFACE	525		
"		METAL WORK	740		
"		WINDOW LEDGE	16		
SEVENTH FL. ROOF		ROOF SURFACE	3354		
A/C UNIT ROOF		ROOF SURFACE	1914		

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	B. KURZBAN & SON CONTROL Print Name of Asbestos Contractor	Print Name of Applicant (if other than Owner)
Signature	Signature	Signature
06/30/02 Date	06/30/02 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 NYC DEP	06/30/02 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