

E091WTC

ONLY
TYPEWRITTEN
FORMS MAY BE
ACCEPTED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

10484402
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 StAKA 51-55 Beekman St, 73-85 Ann St

5. Type of Facility _____

II. BUILDING OWNER

7. Name 156 William St, LLC9. Tel. # (212) 924-9690 Fax # _____

10. Address _____

III. GENERAL CONTRACTOR

11. Name _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Benjamin Kurzban & Son Control 13. Contact Person Louie Iannico14. Federal Employer ID. # P11 15. Tel. # (718) 531-2900 Fax # (718) 209-180816. Address 1248 Ralph Avenue City Brooklyn State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name Warren Panzer ENGINEERS 18. Contact Person MICHAEL NOLAN19. Federal Employer ID. # P11 20. Tel. # (212) 922-0077 Fax # (212) 922-063021. 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 8/8/02Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ SundayShift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pmIf other,
specify _____

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

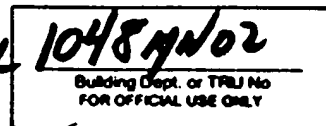
25. Total amount of asbestos-containing material to be abated during this work

15487 Square Feet, and/or 0 Linear FeetACP 7
2/2001

E091WTC

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107ASBESTOS 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. P11 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. # P11 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.

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

15487 Square Feet, and/or 0 Linear Feet



156 WILLIAM STREET

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

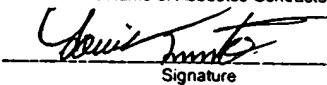
- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

10489202

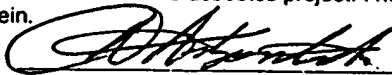
30. LOCATIONS OF ABATEMENT ROOF MATERIAL: STONES AND OR GRAVEL

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 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		
II		METAL WORK	740		
II		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 F. PAUZER ENGINEERS Print Name of Air Monitor  Signature <u>06/30/02</u> Date	B. KURZBAN & SON CONTROL Print Name of Asbestos Contractor  Signature <u>06/30/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ 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  NYC DEP 06/30/02
 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.