

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 2002A-1877
 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# 1202MNO Facility Address 150-152 CHAMBERS ST Borough N.Y. Zip 10007

Date ACP7 was filed 7/31/02 Variance # (If any) _____

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

Original Start Date 7/31/02 Original Completion Date 8/31/02 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 Fiber Control 13. Contact Person TONY COSTA
 14. Federal Employer ID. # PII 15. Tel. # (516) 781-3000 Fax # (516) 781-3085
 16. Address 3010 Burns Avenue City WANTAGH State N.Y. Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN PANZER ENGINEERS, PC 18. Contact Person Michael Nolan
 19. Federal Employer ID. # _____ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
 21. Address 228 E. 45th St City N.Y. State N.Y. Zip 10017
 22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/3/02 Projected completion date 8/3/02 ☐ Project Cancelled ☐ Project Postponed

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 750 Square Feet and/or Linear Feet

Reduction in the amount of ACM to be disturbed during this work _____ Square Feet 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 ON BACK SETBACK
 (For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner Alphonse Plumptre Tel. # (718) 555-3682

Name of Company (If any) NYCDEP Fax # _____

Address _____ City _____ State _____ Zip _____

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

Signature of Applicant / Owner

Date

8/5/02

DEP
 DEPT. OF ENVIRONMENTAL
 PROTECTION
 ASBESTOS CONTROL
 PROGRAM

ACP 8
 2/2001

E 117 WTC



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU 1202MNB
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYC DEP
(See fee schedule)

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

EMERGENCY

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 150-152 CHAMBERS STREET Borough N.Y. Zip 10007
AKA _____ 3. Block 137 4. Lot 7501
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 150-152 CHAMBERS ST CONDOMINIUM ASSN 8. Contact Person Daniel Ushander
9. Tel. # _____ Fax # _____
10. Address 122 MONTAGUE ST City BROOKLYN State N.Y. Zip 11201

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person Tony Costa
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
16. Address 3010 BURNS AVE City WANTASH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN
19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 EAST 45TH STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, LLC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 7/31/02 Projected completion date 8/31/02

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

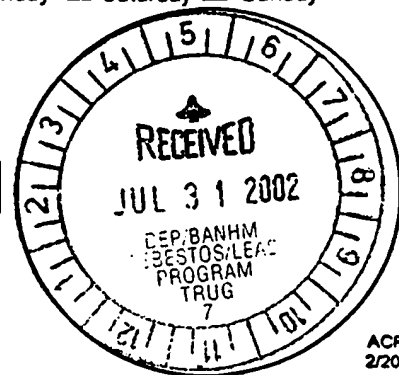
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

3400 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

U.S.P.
BUREAU OF ENVIRONMENTAL
RECORDS ADMINISTRATION
ASBESTOS CONTROL
PROGRAM
UNIT 2

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO NYS DEC Permit # CT-098 Tel.# 800-272-3
 Disposal Site(s) SOUTHERN ALLEGHENIES, VALLEY LANDFILL

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

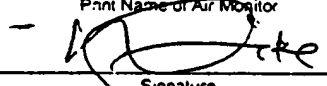
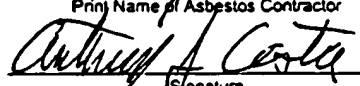
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

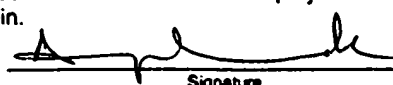
30. LOCATIONS OF ABATEMENT

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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinkler removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
Roof	Asphalt		3400		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal and NYC laws and regulations applicable to asbestos related work.

<u>BOSUN OGUMAKI</u> Print Name of Air Monitor  Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor  Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner)  Signature <u>6-3-02</u> 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 monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized filing of this notification for the work specified herein.

Alphonso Plungtre  7/31/02
 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.