

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

Re 0955M402
Building Dept. or TRU No
FOR OFFICIAL USE ONLY
1. *NYCDEP*
(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 104 READE STREET Borough N-Y Zip 10013
AKA _____ 3. Block 146 4. Lot 7503
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 104 108 Reade St Associates 8. Contact Person _____
9. Tel. # (212) 406-5514 Fax # _____
10. Address 104 Reade St City N-Y State N-Y Zip 10013

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

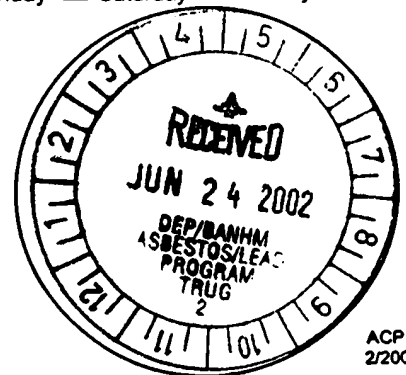
VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/27/02 Projected completion date 8/30/02
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

1500 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

DEP
BUREAU OF ENVIRONMENTAL
REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
18117

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO NYS DEC Permit # CT-098 Tel. # 800-272-3867
 Disposal Site(s) Southern Alleghenies, Valley Land Fill

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

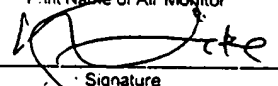
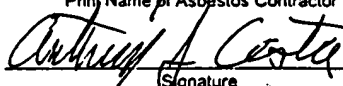
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ 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 sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
Roof	Asphalt		1500		

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.

<u>BOSUN OGUNAKE</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
---	---	---

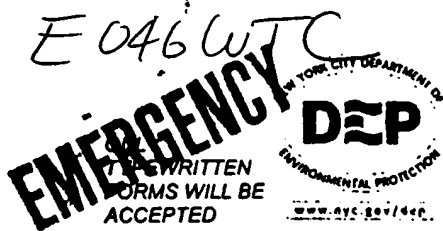
32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all 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

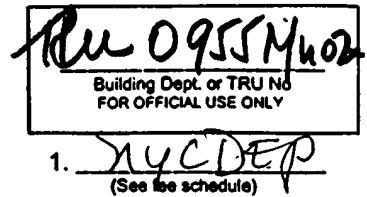
A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.

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.



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



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 104 READE STREET Borough N.Y Zip 10013
AKA _____ 3. Block 146 4. Lot 7503
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 104 108 Reade St Associates 8. Contact Person _____
9. Tel. # (212) 406-5514 Fax # _____
10. Address 104 Reade St City N.Y State N.Y Zip 10013

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 6/27/02 Projected completion date 8/30/02

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

1500 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

DEP
BUREAU OF ENVIRONMENTAL
REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
18119

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO NYS DEC Permit # CT-098 Tel. # 800-272-3867
 Disposal Site(s) Southern Alleghenies, Valley Land Fill

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

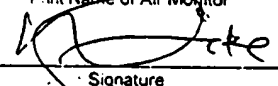
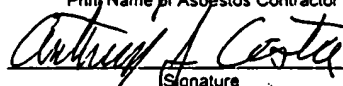
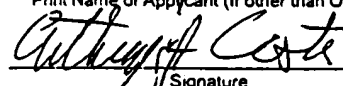
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ 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 sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
Roof	Asphalt		1500		

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.

<u>BOSUM OGUNAKE</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 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.