

E024 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)**

Handwritten: 1008944102
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. *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 177 BROADWAY Borough NY Zip 10007
AKA _____ 3. Block _____ 4. Lot _____
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name CENTURY REALTY INC 8. Contact Person _____
9. Tel. # (212) 267-7778 Fax # _____
10. Address 140 FULTON ST City NY State NY Zip 10038

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 6/18/2002 Projected completion date 7/18/2002

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

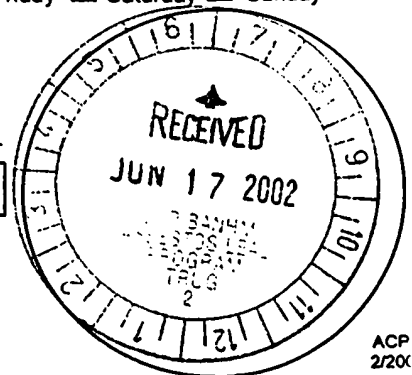
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

4420 Square Feet, and/or _____ Linear Feet



NYC
BUREAU OF ENVIRONMENTAL
REMEDICATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
16117

ACP
2/20X

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO NYS DEC Permit # CT-098 Tel. # 800-272-3867
 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

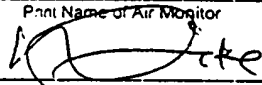
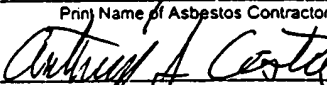
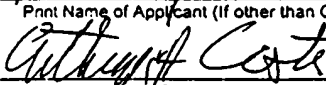
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

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

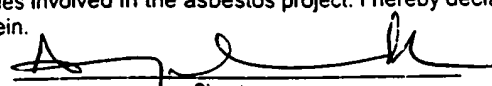
30. LOCATIONS OF ABATEMENT

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 sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
<u>FACADE</u>	<u>ALL</u>		<u>1950</u>		
<u>Roof</u>	<u>ASPHALT</u>		<u>2470</u>		

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 OGUNWAKE</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
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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.

A.P.  _____
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.



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

ONLY
 TYPEWRITTEN
 FORMS WILL BE
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ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Building Dept. or TRU No
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1. _____
 (See fee schedule)

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

II. BUILDING OWNER

7. Name CENTURY REALTY INC. 8. Contact Person Yolanda Williams
 9. Tel. # (212) 267-7728 Fax # _____
 10. Address 140, FULTON STREET City N.Y. State N.Y. Zip 10038

III. GENERAL CONTRACTOR

11. Name _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL
 14. Federal Employer ID. # PII 15. Tel. # 516-781
 16. Address 3010 BURNS AVE City WAX

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. _____
 19. Federal Employer ID. # PII 20. Tel. # 212-922
 21. Address 228 EAST 45TH STREET City NEW Y
 22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, I

VI. PROJECT INFORMATION

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

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

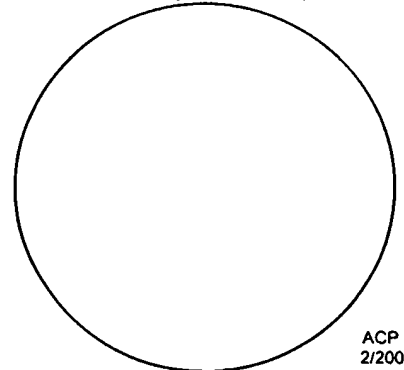
Shift from: _____ am ☐ pm to _____ am ☐ pm

If other,
 specify _____

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

3768 Square Feet, and/or _____ Linear Feet



U.S.P.
 BUREAU OF ENVIRONMENTAL
 REMEDIATION & ENFORCEMENT
 ASBESTOS CONTROL
 PROGRAM
 10/11

ACP 7
 2/2001



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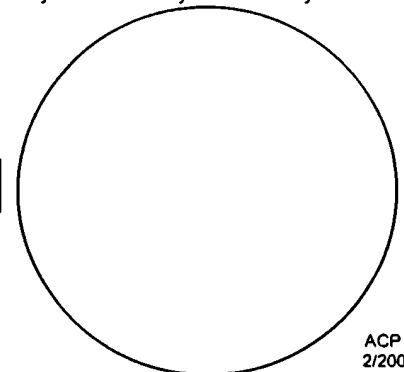
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			SQUARE FEET	LINEAR FEET	
Roof	ASPHALT		2328		
Facade	ALL		1440		

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