



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

Building Dept. or TRU No FOR OFFICIAL USE ONLY

1. _____
 (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 25 Trinity Place Borough Manhattan Zip 10006
 AKA 49 Broadway 3. Block 20 4. Lot 13
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Stahl Midtown Property 8. Contact Person _____
 9. Tel. # 212-425-5000 Fax # _____
 10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Trio Asbestos Removal Corp. 13. Contact Person Chris Horan
 14. Federal Employer ID. # PII 15. Tel. # 718-961-4100 Fax # 718-961-4103
 16. Address 14-20 129th Street City College Point State NY Zip 11356

V. THIRD PARTY AIR MONITOR

17. Name Warren & Panzer Engineers, P.C. 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 Warren & Panzer Engineers 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

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

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

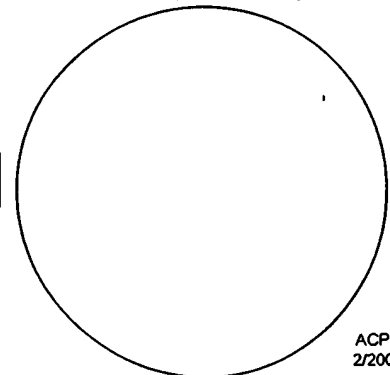
Shift from: _____ am ☐ pm to _____ am ☐ pm

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

5,975 Square Feet, and/or _____ Linear Feet



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ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler _____ NYS DEC Permit # _____ TEL.# _____

Disposal Site(s) _____

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

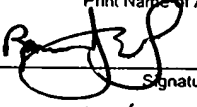
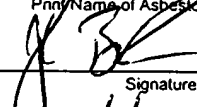
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

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

30. LOCATIONS OF ABATEMENT

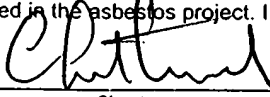
Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
Roof	Item No. 1		3405		
Walls	Item No. 7		920		
Facade	Item No. 7		1650		

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 and Panzer Print Name of Air Monitor  Signature 6-4-02 Date	Trio Asbestos Removal Corp. Print Name of Asbestos Contractor  Signature 6/4/02 Date	NYC Print Name of Applicant (If other than Owner) Signature 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.

Stahl Midtown Property c/o NYC
Print Name of Owner


Signature

6/5/2002
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