234 WTC

EMERGENCY 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 NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU 1948MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. Exempt (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 45 WALL STREET Borough Manhattan Zip 10005

AKA _____ 3. Block 26 4. Lot 1

5. Type of Facility RESIDENTIAL APT. BUILDING 6. Name of Building _____

II. BUILDING OWNER

7. Name ROCKROSE DEVELOPMENT CORP 8. Contact Person DAVID PIANE

9. Tel. # (212) 984-1734 Fax # (212) 375-1195

10. Address 290 PARK AVE SOUTH 14TH FLOOR City NEW YORK State NY Zip 10010

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name JBH ENVIRONMENTAL, INC. 13. Contact Person BORIS MIRKIN

14. Federal Employer ID. # PII 15. Tel. # (516) 741-1777 Fax # (516) 741-5807

16. Address 194 ATLANTIC AVE City GARDEN CITY PARK State NY Zip 11040

V. THIRD PARTY AIR MONITOR

17. Name COLE CONSULTANTS 18. Contact Person JOHN ANUFORO

19. Federal Employer ID. # PII 20. Tel. # (914) 345-6000 Fax # (914) 345-0045

21. Address 2269 SAW MILL RIVER ROAD BLDG 5 City ELMSFORD State NY Zip 10523

22. Sample Analysis Laboratory EMSL 23. NYS DOH ELAP # 11506

VI. PROJECT INFORMATION

24. Starting date for this portion of work 11/25/02 Projected completion date 12/3/02

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

Shift from: 8:00 ☑ am ☐ pm to 5:00 ☑ am ☐ pm

If other, specify _____

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

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

3,309 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler E.W.N.S. NYS DEC Permit # 2A-334 Tel.# (718) 273-0428

Disposal Site(s) ATHENS HOCKING RECLAMATION RTE. 33 BOX 946 LOGAN, OHIO 43138

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) EPA INDOOR AIR QUALITY CLEAN UP

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 SCOPE "B'

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 SQUARE FEET	AMOUNT OF ACM LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
25	APARTMENT 2502	ALL SURFACES	920		SCOPE "B"
9	APARTMENT 902	ALL SURFACES	789		SCOPE "B"
5	APARTMENT 506	ALL SURFACES	790		SCOPE "B"
3	APARTMENT 318	ALL SURFACES	810		SCOPE "B"

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.

COLE CONSULTANTS	JBH ENVIRONMENTAL, INC.	JBH ENVIRONMENTAL, INC.
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
11/25/02	11/22/02	11/22/02
Date	Date	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.

USEPA FOR OWNER		11/25/02
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.

ACP7
2/2001