EI 2446WTC

EMERGENCY
ONLY
HANDWRITTEN
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 0303M-03
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 66 PEARL STREET Borough Manhattan Zip 10004

AKA _____ 3. Block 7 4. Lot 7501

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

II. BUILDING OWNER

7. Name ORB MANAGEMENT 8. Contact Person WYN CHAMBERLIN

9. Tel. # (212) 246-1330 Fax # _____

10. Address 41 HUDSON STREET City MANHATTAN State NY Zip 10014

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name JBH ENVIRONMENTAL, INC. 13. Contact Person JAMES BOOTH

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

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

V. THIRD PARTY AIR MONITOR

17. Name COLE CONSULTANTS 18. Contact Person JOHN ANOFIRO

19. Federal Employer ID. # _____ 20. Tel. # (914) 345-6000 Fax # (914) 346-0045

21. Address 2269 SAWMILL RIVER ROAD City ELMSFORD State NY Zip 10523

22. Sample Analysis Laboratory EMSL ANALYTICAL 23. NYS DOH ELAP # 11469

VI. PROJECT INFORMATION

24. Starting date for this portion of work 3/11/03 Projected completion date 4/11/03

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.

RECEIVED
MAR 10 2003
DEP
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
TRU 3

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

650 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler EAST,WEST,NORTH,SOUTH 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) SCOPE "B"

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

TRN 0303MN03

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.)
5TH	APT. 510	ENTIRE	650		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 CONSULTING	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
3/7/03 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.

ORB MANAGEMENT JOHN D. MARTINO John DiMartino 3/5/03

Print Name of Owner Signature Date

EPA

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

NYC 9/11 Public Portal Document

EI 244 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 0303 M h 03
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 66 PEARL STREET Borough Manhattan Zip 10004

AKA _____ 3. Block 7 4. Lot 7501

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

II. BUILDING OWNER

7. Name ORB MANAGEMENT 8. Contact Person WYN CHAMBERLIN

9. Tel. # (212) 246-1330 Fax # _____

10. Address 41 HUDSON STREET City MANHATTAN State NY Zip 10014

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name JBH ENVIRONMENTAL, INC. 13. Contact Person JAMES BOOTH

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

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

V. THIRD PARTY AIR MONITOR

17. Name COLE CONSULTANTS 18. Contact Person JOHN ANOFIRO

19. Federal Employer ID. # _____ 20. Tel. # (914) 345-6000 Fax # (914) 346-0045

21. Address 2269 SAWMILL RIVER ROAD City ELMSFORD State NY Zip 10523

22. Sample Analysis Laboratory EMSL ANALYTICAL 23. NYS DOH ELAP # 11469

VI. PROJECT INFORMATION

24. Starting date for this portion of work 3/11/03 Projected completion date 4/11/03

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.

RECEIVED
MAR 10 2003
DEP
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
TRU 2

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

650 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler EAST,WEST,NORTH,SOUTH 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) SCOPE "B"

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

TRU 0303 MU03.

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.)
5TH	APT. 510	ENTIRE	650		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 CONSULTING	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
3/7/03 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.

ORB MANAGEMENT JOHN D. MARTINO John DiMartino Jr. 3/5/03

Print Name of Owner Signature Date

EPA

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