

EI-240 WTC
Janet
 ONLY TYPEWRITERS FORMS WILL BE ACCEPTED
EMERGENCY
 NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DEP
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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT NOTIFICATION
 (ASBESTOS INSPECTION REPORT)

TRU0122 MNO3
 Building Dept. for TRU No
 FOR OFFICIAL USE ONLY

1. No Fee
 (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 300 Rector Place - Apartment PII Borough Manhattan Zip 10280
 AKA _____ 3. Block 16 4. Lot 7504
 5. Type of Facility Residential Apartment Building 6. Name of Building Hudson View

II. BUILDING OWNER

7. Name Akam Associates 8. Contact Person Don Moskovic
 9. Tel. # (212) 986-0001 Fax # _____
 10. Address 8 West 38th Street 7th Floor City NY State NY Zip 10018

III. GENERAL CONTRACTOR

11. Name Termon Construction Inc. Tel. # (718) 694-0900

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Specialty Service Contracting Inc. 13. Contact Person John A. Tancredi
 14. Federal Employer ID. # PII 15. Tel. # (201) 941-8292 Fax # (201) 941-6992
 16. Address 845 Broad Ave City Ridgefield State NJ Zip 07657

V. THIRD PARTY AIR MONITOR

17. Name Athenica Environmental Services Inc. 18. Contact Person Theresa Vasquez
 19. Federal Employer ID. # PII 20. Tel. # (718) 784-7490 Fax # (718) 784-4085
 21. Address 45-09 Greenpoint Avenue City LIC State NY Zip 11104
 22. Sample Analysis Laboratory EMSL 23. NYS DOH ELAP # 11506

VI. PROJECT INFORMATION

24. Starting date for this portion of work 1/24/03 Projected completion date 1/29/03

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

Shift from: 9:00 ☒ am ☐ pm to 5:00 ☐ am ☒ pm

If other, specify Saturday if owner approves. Sampling Tuesday. Results Wednesday.

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 0 Square Feet, and/or 0 Linear Feet
24



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ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler DJM Inc. NYS DEC Permit # NJ344 TEL.# (201) 635-1551Disposal Site(s) Imperial Landfill Route 980 and Boggs Road, Imperial PA

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) Suspect WTC Dust Cleanup

28. TYPE OF ABATEMENT (Check all appropriate boxes)

- ☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☒ Clean up

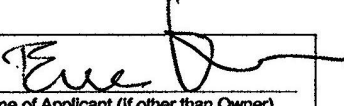
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ 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	
Fifth	Apartment P11	Clean All Surfaces	5	sp	WTC ARD 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.

Athenica Environmental Services Inc. Print Name of Air Monitor  Signature 1/23/03 Date	Specialty Service Contracting Inc. Print Name of Asbestos Contractor  Signature 1/23/03 Date	USEPA  Print Name of Applicant (If other than Owner) Signature 1/23/03 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.

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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