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Kirsch

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED
EMERGENCY
www.nyc.gov/dep

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 01-22 MN 03
Building Dept. or 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.

RECEIVED JAN 23 2003 DEP ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM

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

5 0 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler DJM Inc. NYS DEC Permit # NJ344 TEL.# (201) 635-1551

Disposal 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

01224N03

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.)
Fifth	Apartment PII	Clean All Surfaces	5 Up		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 I	Specialty Service Contracting Inc.	USEPA
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (if other than Owner)
B. Laray		
Signature	Signature	Signature
1/23/03	1/23/03	1/23/03
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.

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

The City of New York
Department of Environmental Protection
59-17 Junction Boulevard
Flushing, New York
11373-5108

Christopher O. Ward
Commissioner

BUREAU OF
AIR, NOISE, & HAZARDOUS
MATERIALS

ASBESTOS CONTROL PROGRAM TECHNICAL REVIEW UNIT
ACP-7 CORRECTION FORM

PREMISES ADDRESS 300 Rector Place

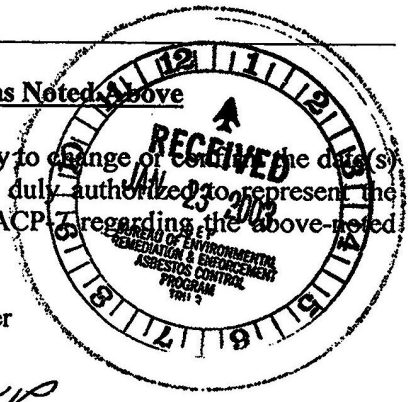
BOROUGH MAN. ZIP CODE 10280

CORRECT START DATE 1-24-03 CORRECT COMPLETION DATE 1-29-03

CORRECT ACM QUANTITY: 5 SQ. FT, AND/OR: — LN. FT.

Correct Method of Abatement: Clean up

Confirmation Of Change(s) Of Date(s) and/ACM Quantity as Noted Above



The undersigned affirms that she/he has been instructed verbally to change of confirm the date(s) and/or ACM quantity, by Ms./Mr. Licari, who is duly authorized to represent the Organization/agency/company/corporation stated in the form ACP-7 regarding the above-noted facility address to be the (Please Check one box only):

[ ] Asbestos Abatement Contractor [ ] Building Owner

[ ] Applicant for the asbestos project. [X] Clean-up

The Undersigned is Employed by

Specialty Service Contracting Etnc.

Organization/ Agency/ Company/ Corporation

845 Broad Avenue Ridgefield Park NJ 07657

Address

800 635 2450

Telephone #

Michael V. Licari — Print Name

Signature

Telephone: (718) 595-3652 Fax: (718) 595-3648