ASBESTOS PROJECT NOTIFICATION

STATE OF NEW YORK
DEPARTMENT OF LABOR

Division of Safety & Health
Asbestos Control Bureau
Building 12, Room 157
State Campus
Albany, NY 12240

A. TYPE OF NOTIFICATION

Check only one type of notification below.

- [x] Initial ..... Complete all sections and submit 10 calendar days prior to starting date.
- [ ] Amended ..... Submit amended notification with all sections completed and amended item(s) circled.
- [ ] Cancelled ..... Complete Section G and attach copy of initial notification or complete all sections.
- [ ] Emergency ..... **You must first call the Program Manager's office of the Asbestos Control Bureau at 518-457-1255 for prior approval of emergency status, then complete and return this form including:**
  Date (___/___/___) Time (_____) Emergency Status Granted
  Authorized by: _____ (From Asbestos Control Bureau)

B. CONTRACTOR INFORMATION

Provide all information requested below.

1. FEIN **PII**
2. Asbestos Lic. No. **PII**
3. Contractor Name and Address
   Hazardous Elimination Corp
   195H Central Avenue
   Farmingdale, New York 11735
4. Mailing Address (*if different*)
   Same
5. Duly Authorized Representative
   Name Donald Gold
   Title Vice President
   Phone No. (631) 752-2898
6. Will Sub-Contractor(s) be used
   [x] No [ ] Yes *(If yes, complete lines below)*
   Name _____
   Asbestos Lic. No. ___ – ____
   Name _____
   Asbestos Lic. No. ___ – ____
7. Party for Whom Work is Being Performed: Name The Cooper Group, Inc.
   Address 666 Fifth Avenue, New York, NY 10103

C. PROJECT SITE INFORMATION

Provide all information requested below for the building/site at which the asbestos project will be conducted.

8. Project Location: County New York
   Name of building _____
   Room or other specific location Entire Basement, 1st and 2nd floors, roof and B-2 facade
   Street address 133 Greenwich Street aka 25-29 Thames Street
   City, town or village New York, New York 10006
9. Building Information
   Current use Commercial
   Prior Use Commercial
   Building age _____
   Building size _____ sq. ft.
10. Building Representative/Site Contact: Name Chanan Rozenbaum Phone No. (212 208-4614

SH-483 (10-03)

D. PROJECT DETAILS

Provide all information requested below relating to specifics of asbestos removal.

11. Project Dates: Starting date _____ Completion date _____

If amended: Starting date _____ Completion date _____

Is this a phased project: ☑ No ☐ Yes *(If yes, list scope, location, and starting and completion dates for each phase in Section F, Remarks)*

12. Do You Anticipate Doing: ☐ Night work ☐ Weekend work ☑ Shift work
(Provide details in Section F.)

13. Dollar Amount of Contract Between Parties Named in Item 3 and Item 7 $ _____

14. If work is being conducted under a variance, check appropriate box and supply variance number.

☐ Applicable Variance No. _____ ☐ Individual Variance Petition No. _____

15. Asbestos Dissemination Prevention Methods *(use Section F, Remarks, and attach additional sheets if necessary)*

a) Type of equipment & ventilation systems used

Equipment:	Manufacturer:	Model Number:	Quantities:
HEPA Vacuums	N/A	N/A	2
Portable Decon Unit	N/A	N/A	1
Respirators	Various	N/A	8
Negative Air Unit	Various	N/A	1

b) Name of air monitoring firm Airtek Environmental Corp. Asbestos Lic. No. 99 - 0589

c) Laboratory performing the analysis

Name Airtek / ATC Associates ELAP Registration No. 11040 / 10879

16. Type of Asbestos Work *(check all that apply)*

☐ Pipe related ☑ Roofing/flashing ☐ Caulking/mastic ☐ Clean-up
☐ Vessel covering ☐ Siding ☐ VAT ☐ Sprayed-on insulation
☐ Demolition - if site survey was previously submitted, provide Reference No. _____
☑ Other *(specify)* WTC Dust and Tar

17. Type and Amount of Asbestos-Containing Material Involved

Friable linear feet		_____	Friable square feet		42,378
Non-friable linear feet	+	_____	Non-friable square feet	+	45
Total linear feet	=	_____	**Total square feet**	=	42,423

E. FEE SCHEDULE

Refer to item 17 to calculate your required fees. This fee is non-refundable. Check one box for linear feet and one box for square feet.

18. Fee Schedule:

a) Linear feet		b) Square feet	
☐ 0 - 259	*($0)*	☐ 0 - 159	*($0)*
☐ 260 - 429	*($100)*	☐ 160 - 259	*($100)*
☐ 430 - 824	*($200)*	☐ 260 - 499	*($200)*
☐ 825 - 1649	*($500)*	☐ 500 - 999	*($500)*
☐ 1650 or more	*($1000)*	☑ 1000 or more	*($1000)*

19. Total Fee Due for Project $ 1000.00 *(add 18a and 18b)*

F. REMARKS

Use this area to provide additional information.

Asbestos Abatement shall be performed utilizing NYC DEP Sub-Chapter G Regulations and site specific variance.

All waste shall be double bagged for disposal purposes.

Waste Disposal Site: Meadowfill Landfill, Route 2, Box 68, Bridgeport, WV.
BFI Imperial Landfill- PO Box 47, Route 980 & Boggs Rd., Imperial PA
Cumberland County Landfill - 620 Newville Rd, Newburgh, PA 17242

Waste Hauler/Transporter: DJM, Inc. 109-113 Jacobus Ave., Kearny, NJ 07032

G. SIGNATURE

I certify that the information specified on this notification is true and accurate and that the project will be conducted in compliance with the requirements of Code Rule 56.

Signature of the Contractor or Duly Authorized Representative

June 9th, 2005
Date

Print Name of the Contractor or Duly Authorized Representative

See next page for submission instructions and notification information.

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   195H Central Avenue
   Farmingdale, New York 11735
4. Mailing Address (*if different*):
   Same
5. Duly Authorized Representative
   Name: Donald Gold
   Title: Vice President
   Phone No.: (631) 752-2898
6. Will Sub-Contractor(s) be used
   [x] No [ ] Yes *(If yes, complete lines below)*
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   Name: The Cooper Group, Inc.
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   County: New York
   Name of building: _____
   Room or other specific location: Entire Basement, 1st and 2nd floors, roof and facade
   Street address: 23 Thames Street
   City, town or village: New York, New York 10006
9. Building Information
   Current use: Commercial
   Prior Use: Commercial
   Building age: _____
   Building size: _____ sq. ft.
10. Building Representative/Site Contact: Name Chanan Rozenbaum Phone No. (212) 208-4614

SH-483 (10-03)

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☐ Vessel covering ☐ Siding ☐ VAT ☐ Sprayed-on insulation
☐ Demolition - if site survey was previously submitted, provide Reference No. _____
☑ Other *(specify)* WTC Dust, window caulking and coping stone caulking

17. Type and Amount of Asbestos-Containing Material Involved

Friable linear feet		57	Friable square feet		17,651
Non-friable linear feet	+		Non-friable square feet	+	671
Total linear feet	=		**Total square feet**	=	18,322

E. FEE SCHEDULE

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