NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification

I. TYPE OF NOTIFICATION (O = Original/ R = Revised) : **O**

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER	**Greenwich Street Project, LLC.**				
Address:	**666 Fifth Ave.**				
City:	**New York**	State:	**NY**	ZIP:	**10103**
Contact:	**Chanan Rozenbaum**			Tel:	**(347) 643-9960**
REMOVAL CONTRACTOR:					
Owner:	**Hazardous Elimination Corp.**				
Address:	**195 H Central Ave.**				
City:	**Farmingdale**	State:	**NY**	ZIP:	**11735**
Contact:	**Donald Gold**			Tel:	**631-752-2898**
OTHER OPERATOR:					
Address:					
City:		State:		ZIP:	
Contact:					

III.TYPE OF OPERATION (D = Demolition/R = Renovation):

IV. IS ASBESTOS PRESENT? (YES/NO) **Yes**

V. FACILITY DESCRIPTION (include building name, number, and floor or room number):

Building name:					
Address:	**133 Greenwich St.**				
Address:					
City:	**New York**	State:	**NY**	County:	**Manhattan**
Site Location:	**Entire**				
Building Size:	Sq.meter:	SqFt:	# of Floors		Age in Yrs.
Present Use:	**Commercial**		Prior Use:	**Same**	

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Bulk Sampling to analyze PLM.

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

	RACM to be Removed	non-friable Asbestos Material to be removed Category I	Category II
Linear feet Cable wrap insulation, cable insulation	**0**		
window caulking/glazing. Transite conduit.			
Surface Area- Square Feet WTC Dust	**36,000**		
Roof flashing/tar, window/coping stone caulk		**45**	
Surface Area- Square Feet Façade WTC Dust	**6,378**		
Volume RACM off Facility Component-Cubic Feet			

VIII. SCHEDULE DATES OF ASBESTOS REMOVAL (MM/DD/YY)	Start:	Completion:
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY)	Start:	Completion:

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

All work to be done in accordance with the applicable New York State Industrial Code Rule 56, NYC-DEP Sub-Chapter G utilizing a site specific variance.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

A HEPA Vacuum shall be kept on site at all times.

WASTE TRANSPORTER #1	**DJM**				
Address:	**109-113 Jacobus Avenue**				
City:	**Kearny**	State:	**NJ**		ZIP: **07032**
Contact:	**Vito Pesce**			Telephone	**201-997-8870**
XIII. WASTE DISPOSAL SITE	**Meadowfill Landfill Corp.**				
Address:	**Rt. 2 Box 68 Dawson Drive**				
City:	**Bridgeport**	State:	**WVA**		ZIP: **26330**
Contact:	**John McGarvey**			Telephone:	**304-842-2784**
XIII. WASTE DISPOSAL SITE	**Cumberland County Landfill**				
Address:	**620 Newville Road**				
City:	**Newburgh**	**State:**	**PA**		**ZIP: 17242**
Contact:				**Telephone:**	
XIII. WASTE DISPOSAL SITE					
Address:					
City:		**State:**			
Contact:				**Telephone:**	

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:	Title:
Authority:	
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY)

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden , Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

WORK WILL BE STOPPED IMMEDIATELY, NEW ENGINEERING CONTROL AND CLEAN-UP AS PER ICR-56 WILL BE IMPLEMENTED IMMEDIATELY, NEW ABATEMENT METHOD WILL BE EVALUATED TO ADDRESS NEW SITUATION PROPERLY.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).

Signature of Owner /Operator **Date**

XVIII. I CERTIFY THAT THE ABOVE MENTIONED INFORMATION IS CORRECT.

Signature of Owner /Operator **Date**

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Address:	**23 Thames St.**				
Address:					
City:	**New York**	State:	**NY**	County:	**Manhattan**
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Building Size:	Sq.meter:	SqFt:	# of Floors		Age in Yrs.
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Linear feet Cable wrap insulation, cable insulation	**57**		
window caulking/glazing. Transite conduit.			
Surface Area- Square Feet WTC Dust	**9,064**		
Roof flashing/tar, window/coping stone caulk		**682**	
Surface Area- Square Feet Façade WTC Dust	**8,576**		
Volume RACM off Facility Component-Cubic Feet			

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NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

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