

E223WTC
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 18674N02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. EX
(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 135 GREENWICH STREET Borough Manhattan Zip _____
AKA 21-23-25-29 THAMES STREET 3. Block _____ 4. Lot _____
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name YSGF REALITY, LLC 8. Contact Person YAIR LEVY
9. Tel. # (212) 233-0910 Fax # _____
10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name TRIO ASBESTOS REMOVAL CORP. 13. Contact Person STEVEN PARMIGIANI
14. Federal Employer ID. # P11 15. Tel. # (718) 096-1041 Fax # (718) 961-4103
16. Address 14-20 129 STREET City COLLEGE POINT State NY Zip 11356

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, P. C. 18. Contact Person MIKE NOLAN
19. Federal Employer ID. # _____ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
21. Address 228 EAST 45 STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory WARREN & PANZER ENGINEERS, P.C. 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 11/10/02 Projected completion date 11/17/02

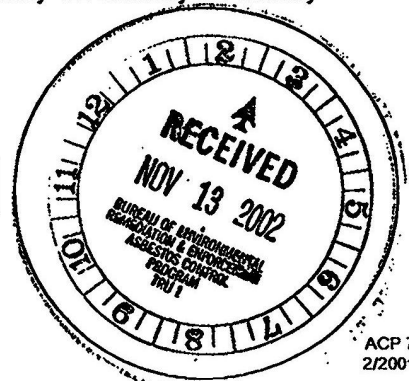
Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday

Shift from: 8:00 ☒ am ☐ pm to 8:00 ☐ am ☒ pm

If other, specify _____

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
6,812 Square Feet, and/or 0 Linear Feet



DEP
BUREAU OF ENVIRONMENTAL
REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
TRU 2

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler ASBESTOS TRANS. CO. NYS DEC Permit # 1A-371 Tel.# (631) 924-5050Disposal Site(s) IMPERIAL- P.O. 47, 11 BOGGS RD., PA. / SOUTHERN ALLEGHANIES- VALLEYVIEW DR., 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) _____

28. TYPE OF ABATEMENT (Check all appropriate boxes)

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

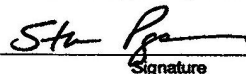
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ 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	
ROOF	MAIN ROOF	ASPHALT, DUCT, DUNNAG	6,812		ITEM # 3

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.

WARREN & PANZER ENG., P.C. Print Name of Air Monitor  Signature <u>11-8-02</u> Date	TRIO ASBESTOS REMOVAL Print Name of Asbestos Contractor  Signature <u>11-8-02</u> Date	STEVEN PARMIGIANI Print Name of Applicant (If other than Owner)  Signature <u>11-8-02</u> 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.

NYC DEP
 Print Name of Owner


 Signature

11/12/02
 Date

A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.

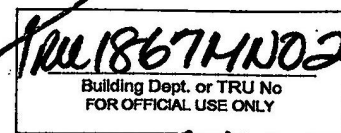
Any modification of information provided on this form must be reported immediately in writing directly to the NYC DEP ACP.

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

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