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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373-5108



ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED



ASBESTOS PROJECT NOTIFICATION

(ASBESTOS INSPECTION REPORT)

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.

1. _____
(See fee schedule)

I. FACILITY

2. Address 433 East 146th Street Borough Bronx Zip 10455
Premise # Prefix Street Name

AKA _____ 3. Block 2291 4. Lot 23

5. Type of Facility Residential Apt Bldg. 6. Name of Building Betances IV, Bldg.2

II. BUILDING OWNER

7. Name NYC Housing Authority 8. Contact Person James. Scarcella

9. Tel. # (212) 306-6739 Fax # (212) 306-5197

10. Address 90 Church Street, 10th Floor City New York State NY Zip 10007

III. GENERAL CONTRACTOR

11. Name TBD Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name TBD-will file amendment 13. Contact Person _____

14. Federal Employer ID. # _____ 15. Tel. # _____ Fax # _____

16. Address _____ City _____ State _____ Zip _____

V. THIRD PARTY AIR MONITOR

17. Name TBD- will file amendment 18. Contact Person _____

19. Federal Employer ID. # _____ 20. Tel. # _____ Fax # _____

21. Address _____ City _____ State _____ Zip _____

22. Sample Analysis Laboratory TBD- will file amendment 23. NYS DOH ELAP # TBD

VI. PROJECT INFORMATION

24. Starting date for this portion of work _____ Projected completion date _____

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

Shift From: 8:00 ☒ am ☐ pm to 5:00 ☐ 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

6,000 Square Feet, and/or 48 Linear Feet

01/04/08

1614315562 ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler TBD NYS DEC Permit # _____ Tel.# _____

Disposal Site(s) _____

27. This asbestos abatement is part of a (Item a through e requires filing of this form with the NYC Department of Buildings)

- a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration
 e) ☐ Fireproofing Replacement f) ☒ Other (Describe) Repair

28. TYPE OF ABATEMENT (Check all appropriate boxes)

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

29. ABATEMENT PROCEDURE (Check all appropriate boxes)

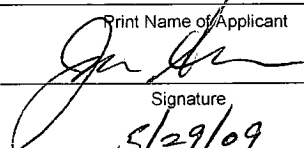
- ☐ Full Containment ☐ Glovebag ☐ Tent ☒ DEP Variance Application

30. LOCATIONS OF ABATEMENT

Floor	Entire Floor (check yes)	SECTION OF FLOOR (e.g. 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	LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
1st	☐	Apartment 1A	pipe lagging		24	Asbestos removal
1st	☒	Apartment 1A	floor tiles/ mastic	1,200		asbestos removal
1st	☐	Apartment 1b	pipe lagging		24	asbestos removal
1st	☒	Apartment 1b	floor tiles / mastic	4,800		asbestos removal
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					

Totals on This Page - 6,000 48 Additional pages attached ☐

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.

_____ Print Name of Air Monitor	_____ Print Name of Asbestos Contractor	James Scarcella _____ Print Name of Applicant
_____ Signature	_____ Signature	 _____ Signature
_____ Date	_____ Date	5/29/09 _____ 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.

NYCHA_Louis Callegari

Print Name of Owner



Signature

6/4/09

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.