

DEPT. BLDGS.

420026224

Job Number

SC090318018

Scan Code

## DEPARTMENT OF ENVIRONMENTAL PROTECTION

## Asbestos Control Program

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

FEE PAID

ONLY  
TYPEWRITTEN  
FORMS WILL BE  
ACCEPTED

(www.nyc.gov/dep)

**ASBESTOS PROJECT NOTIFICATION**  
**(ASBESTOS INSPECTION REPORT)**
Building Dept. or TRU No  
For OFFICIAL USE ONLY

|     |     |       |
|-----|-----|-------|
| TRU | 110 | 60008 |
|-----|-----|-------|

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. \$400  
(See fee schedule)

**I. FACILITY**

2. Address 147-59 Charter Road Borough Queens Zip 11435  
Premise # Prefix Street Name

AKA Building 26 3. Block 6715 4. Lot 2

5. Type of Facility Residential Apt Building 6. Name of Building Parkway Village

**II. BUILDING OWNER**

7. Name Parkway Village Equity Corp 8. Contact Person Arthur Baxter

9. Tel. # (718) 380-3171 Fax # (718) 969-5961

10. Address 81-26 150th Street City Jamaica State NY Zip 11435

**III. GENERAL CONTRACTOR**

11. Name N/A Tel. # \_\_\_\_\_

**IV. ASBESTOS ABATEMENT CONTRACTOR**

12. Name Air Clean Inc. 13. Contact Person John R. Dombroski

14. Federal Employer ID. # 222940775 15. Tel. # (201) 641-9400 Fax # (201) 641-2260

16. Address 450 South River Street City Hackensack State NJ Zip 07601

**V. THIRD PARTY AIR MONITOR**

17. Name Airtek Environmental Inc. 18. Contact Person Ben Lewis

19. Federal Employer ID. # 112963986 20. Tel. # (718) 937-3720 Fax # (718) 937-3721

21. Address 39-37 29th Street City Long Island City State NY Zip 11101

22. Sample Analysis Laboratory Airtek Environmental Inc./ATC 23. NYS DOH ELAP # 11040/10879

**VI. PROJECT INFORMATION**

24. Starting date for this portion of work 11/10/08 Projected completion date 5/9/09

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

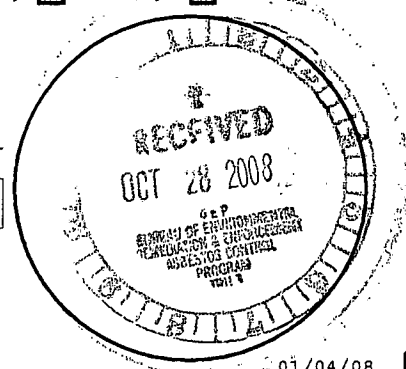
Shift From: 8:00 ☒ am ☐ pm to 4:00 ☐ am ☒ pm

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

\_\_\_\_\_ Square Feet, and/or 135 Linear Feet



01/04/08

26. Asbestos Hauler Vision Transport Inc. NYS DEC Permit # NJ 688 Tel.# (973) 344-6447

Disposal Site(s) Cumberland County Landfill (Permit #100945)

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) Asbestos Abatement

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<br>(check yes)         | SECTION OF FLOOR<br>(e.g. east wing, room #,<br>boiler room, lobby, etc.) | AFFECTED SURFACES<br>CONTAINING ACM<br>(e.g. Pipe lagging, ceiling, plenum<br>ducts, storage tanks, decking, etc.) | AMOUNT OF ACM  |                | DESCRIPTION OF WORK BEING<br>PERFORMED<br>(e.g. running cable, installing fire sprinklers,<br>removing and replacing boilers, etc.) |
|-------|-------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------|
|       |                                     |                                                                           |                                                                                                                    | SQUARE<br>FEET | LINEAR<br>FEET |                                                                                                                                     |
| Bsmt  | <input checked="" type="checkbox"/> | Basement                                                                  | Pipe Covering                                                                                                      |                | 135            | Asbestos Abatement                                                                                                                  |
|       | <input type="checkbox"/>            |                                                                           |                                                                                                                    |                |                |                                                                                                                                     |
|       | <input type="checkbox"/>            |                                                                           |                                                                                                                    |                |                |                                                                                                                                     |
|       | <input type="checkbox"/>            |                                                                           |                                                                                                                    |                |                |                                                                                                                                     |
|       | <input type="checkbox"/>            |                                                                           |                                                                                                                    |                |                |                                                                                                                                     |
|       | <input type="checkbox"/>            |                                                                           |                                                                                                                    |                |                |                                                                                                                                     |
|       | <input type="checkbox"/>            |                                                                           |                                                                                                                    |                |                |                                                                                                                                     |
|       | <input type="checkbox"/>            |                                                                           |                                                                                                                    |                |                |                                                                                                                                     |
|       | <input type="checkbox"/>            |                                                                           |                                                                                                                    |                |                |                                                                                                                                     |
|       | <input type="checkbox"/>            |                                                                           |                                                                                                                    |                |                |                                                                                                                                     |

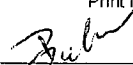
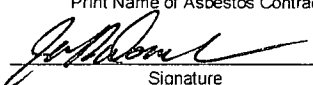
Totals on This Page -

0

135

Additional pages attached ☐

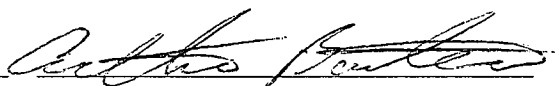
31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

|                                                                                                                                                                                              |                                                                                                                                                                                           |                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Airtek Environmental Inc.</u><br>Print Name of Air Monitor<br><br>Signature<br><u>10/28/08</u><br>Date | <u>Air Clean Inc.</u><br>Print Name of Asbestos Contractor<br><br>Signature<br><u>10/28/08</u><br>Date | <u>John R. Dombroski</u><br>Print Name of Applicant<br><br>Signature<br><u>10/28/08</u><br>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.

Arthur Baxter - Owners Rep

Print Name of Owner



Signature

10/28/08

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.

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