UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification

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

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

OWNER: SKANSKA/WALSH JV		
Address: 250 WEST 34TH STREET ONE PENNSYLVANIA PLAZA 41ST FLOOR		
City: NEW YORK	State: NY	ZIP: 10019
Contact: ELLEN WILSON		Tel: 312-656-0690
REMOVAL CONTRACTOR: FIBER CONTROL INC. NYS DOL LICENSE NO. 28610		
Address: 3010 BURNS AVENUE		
City: WANTAGH	State: NY	ZIP: 11793
Contact: PETER GRANDE		Tel: (516)781-3000
OTHER OPERATOR:		
Address:		
City:	State:	ZIP:
Contact:		Tel:

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

IV. IS ASBESTOS PRESENT? (Yes/No): YES

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

Building Name: CENTRAL TERMINAL BUILDING				
Address: LAGUARDIA AIRPORT				
Address: CENTRAL TERMINAL BUILDING				
City: FLUSHING			State: NY	County: QUEENS
Site Location: CONCOURSE LEVEL – GATE A1 PIER "A"				
Building Size: 100,000,000	SqMeter:	SqFt:	# of Floors: 2	Age in Years: 50+
Present Use: Other			Prior Use Other	

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

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

	RACM to be Removed	Non-friable Asbestos Material not to be removed Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	ACM WATERPROOFING - 32 SF		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 7/24/2016 Completion: 7/23/2017

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

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

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

Full containment, negative air filtration, wet removal, wet cleaning, HEPA vacuum cleanup

XII. WASTE TRANSPORTER #1

Name: CARDELLA TRUCKING CO., INC. DBA CARDELLA WASTE SERVICES

Address: 2400 TONNELLE AVENUE

City: NORTH BERGEN	State: NJ	ZIP: 07047
Contact Person: JOE CARDELLA	Telephone: (201) 867-7276	

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	ZIP:
Contact Person:	Telephone:	

XIII. WASTE DISPOSAL SITE

Name: GROWS NORTH LANDFILL

Address: 1000 NEW FORD MILL ROAD

City: MORRISVILLE	State: PA	ZIP: 19067

Telephone: 800-869-5566

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 BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

ISOLATION OF AREA, WET METHOD CLEANUP, HEPA VACUUM SUBSTRATES USING ONLY CERTIFIED WORKERS

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR 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) .

PETER GRANDE	7/13/2016
Signature of Owner/Operator	Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

PETER GRANDE	7/13/2016
Signature of Owner/Operator	Date