NOTIFICATION OF DEMOLITION AND RENOVATION

PAL Job#16-9039

Operator Project #	Postmark	Date Received	Notification #
			2016.01.28.44 18

TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): **O**

FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):

OWNER NAME: NYCMTA

Address: **2 Broadway**

City: **New York** | State: **NY** | Zip: **10004**

Contact Name: **Brian McLean** | Telephone: **646 252-3540**

REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services

Address: **11-02 Queens Plaza South**

City: **Long Island City** | Zip: **NY** | Zip: **11101**

Contact Name: **Devin Jones, Project Manager** | Telephone: **718-349-0900**

OTHER CONTRACTOR:

Address:

City: | State: | Zip:

Contact Name: | Telephone:

TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): **R**

IS ASBESTOS PRESENT? (YES NO) **Yes**

FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)

Building Name: **Avenue U Station, Sea Beach Line**

Address: **Avenue U & West 8 Street**

City: **Brooklyn** | State: **NY** | County: **Kings**

Site Location: **Platforms**

Building Size: | # of Floors: | Age In Years: **50 years +**

Present Use: **Train Station** | Prior Use:

Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material:
PLM - Polarized Light Microscopy

Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below	
		CAT I	CAT II	UNIT	
Linear Feet	**0 LF**				
Pipes				LnFt: **X**	Ln M:
Surface Area – Square Feet	**3,140 SF**			SqFt: **X**	Sq M:
Vol. RACM off Facility Component				CuFt:	Cu M:
Scheduled Dates Asbestos Removal (mm/dd//yy)		Start Date: **2-4-2016**		Complete Date: **2-3-2017**	
Schedules Dates Demo/Renovation (mm/dd/yy)		Start:		Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: **This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56, Site Specific Variance #15-0635. Methods will include double bagged for disposal purposes.**

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: **HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.**

WASTE TRANSPORTER #1

Name:	**Asbestos Transportation Company, Inc.**		
Address:	**2 Moriches Middle Island Road**		
City:	**Shirley**	State: **NY**	Zip: **11967**
Contact Name:	**Kenny Smith**		Telephone: **631-924-5050**

WASTE TRANSPORTER #2

Name:		
Address:		
City:	State:	Zip:
Contact Name:		Telephone:

WASTE DISPOSAL SITE (#1 or #2)

Name:	**Minerva Enterprises, Inc.**	
Location:	**9000 Minerva Road, P.O. Box 709**	
City: **Waynesburg**	State: **Ohio**	Zip: **44688**

Telephone: **330-866-3435**

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:	Title:
Authority:	
Date of Order (mm/dd/yy):	Date Ordered to Begin(mm/dd/yy):

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 would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR 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 — **1/21/2016** Date

I certify that the above information is correct.

Signature of Owner/Operator — **1/21/2016** Date