USEPA
290 BROADWAY
NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION
PAL JOB # 16-1538

Operator Project #	**Postmark**	**Date Received**	**Notification #**

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

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

OWNER NAME: 141 Livingston Owner LLC

Address: P.O. Box 190-407

City: Brooklyn | State: NY | Zip: 11219

Contact Name: Melinda Jankelovits | Telephone: 718-438-2804

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

Address: 11-02 Queens Plaza South

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

Contact Name: Aric Domozick | Telephone: 718-349-0900

OTHER CONTRACTOR:

Address:

City: | State: | Zip:

Contact Name: | Telephone:

TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation: **R**

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

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

Building Name:

Address: **141 Livingston Street**

City: **Brooklyn** | State: **NY** | Zip: **11201**

Site Location: **Cellar & Mezzanine**

Building Size: **193,195 SF** | # of Floors: **18** | Age in Years: **57**

Present Use: **Commercial** | Prior Use: **Commercial**

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	R. ACM to be removed	Non-Friable Asbestos Material not to be removed		Indicate Unit of Measurement Below	
		CAT I	CAT II	UNIT	
				Linear Feet:	Ln M:
Surface Area: **Transite Panels, Roofing & Flashing, Tar & Caulking**	**1,885**			Square Feet: **X**	Square Meter:
Volume RACM off Facility Component				CuFt:	Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)		Start: **09/19/2016**		Complete: **09/01/2017**	
Scheduled Dates Demo/Renovation (mm/dd./yy)		Start:		Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:		
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.		
WASTE TRANSPORTER #1		
Name: Tri State Transfer Associates		
Address: 1199 Randall Avenue		
City: Long Island City	State: NY	Zip: 10474
Contact Name: Jimmy Byrne		Telephone: 718-617-0771
WASTE TRANSPORTER #2		
Name: ATC		
Address: 2 Moriches Middle Island Road		
City: Shirley	State: NY	Zip:
Contact Name: Kenny Smith		Telephone: 631-924-5050
WASTE TRANSPORTER #3		
Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services		
Location: 11-02 Queens Plaza South		
City: Long Island City	City: Long Island City	City: Long Island City
Telephone: 718-349-0900		
Disposal Facility		
Name: Minerva Enterprises		
Location: 9000 Minerva Road, SE	Location: 9000 Minerva Road, SE	
City: Waynesburg	State: OH	Zip: 44688
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 CRUMBLED, 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 REGUALTION (40 CFT 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 — **09/19/2016** Date		
I certify that the above information is correct Signature of Owner/Operator — **09/19/2016** Date		