NOTIFICATION OF DEMOLITION AND RENOVATION

Job#5128

Operator Project #	Postmark	Date Received	Notification #

TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled):		R	
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):			
OWNER NAME:	Empire State Realty Trust		
Address:	350 Fifth Avenue		
City:	New York	State: New York	Zip: 10118
Contact Name:	Patrick Philbin		Telephone: (212) 736-3100
REMOVAL CONTRACTOR:	Pinnacle Environmental Corp.		
Address:	200 Broad Street		
City:	Carlstadt	State: NJ	Zip: 07072
Contact Name:	Kevin Moriarty		Telephone: 201-939-6565
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:	The Empire State Building		
Address:	350 Fifth Avenue		
City:	New York	State: New York	County: New York
Site Location:	Lower Level (4)+71st Floor (5)+Basement, Ground Floor(6)+64th Floor		
Building Size:	2,812,739SF	# of Floors: 85	Age In Years: 82 yrs.
Present Use:	Commercial	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	
Pipes	(3)200(4)+728 (5)+896(6)+70			LnFt: x	Ln M:
Surface Area	1,200+(3)600 (4)+3,220(5)+500 (6)+725			SqFt: x	Sq M:
Vol. RACM off Facility Component				CuFt:	Cu M:
Scheduled Dates Asbestos Removal (mm/dd//yy)		Start: 03-14-16(1)Job on Hold(2)03-31-16		Complete: 03-14-17	
Schedules 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, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1

Name:	Tri State Transfer, Inc.		
Address:	1199 Randall Avenue		
City:	Bronx	State: NY	Zip: 10474
Contact Name:	Jimmy Byrne		Telephone: 718-617-0771

WASTE TRANSPORTER #2

Name:	ATC, Inc. / #3- PCC Construction & Contractors, Inc.		
Address:	2 Moriches Middle Island Road / #3- 200 Broad Street		
City:	Shirley / #3- Carlstadt	State: NY / #3 - NJ	Zip: 11967 / #3 - 07072
Contact Name:	Kenny Smith / #3- Joseph Whelan		Telephone: 631-924-5050/#3 -201-939-6565

WASTE DISPOSAL SITE (#1 or #2)

Name:	Minerva Enterprises, Inc.		
	9000 Minerva Road		
City:	Waynesburg	State: OH	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 Date: 02-26-16(1)03-14-16(2)03-28-16(3)05-03-16(4)05-20-16(5)08-18-16(6)09-12-16

I certify that the above information is correct.

Signature of Owner/Operator Date: 02-26-16(1)03-14-16(2)03-28-16(3)05-03-16(4)05-20-16(5)08-18-16(6)09-12-16

SEP 16 2016 ACB gvillam

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