NOTIFICATION OF DEMOLITION AND RENOVATION

Job#5133

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:	The Port Authority of New York & New Jersey		
Address:	2 Montgomery Street, 4th Floor		
City:	Jersey City	State: NJ	Zip: 07302
Contact Name:	Norman Clayton		Telephone: (718) 244-4444
REMOVAL CONTRACTOR:	Pinnacle Environmental Corp.		
Address:	200 Broad Street		
City:	Carlstadt	State: NJ	Zip: 07072
Contact Name:	John A. Tancredi		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:	TWA Flight Center		
Address:	John F. Kennedy International Airport		
City:	Jamaica	State: New York	County: Queens
Site Location:	TWA Flight Center		
Building Size:	~100,000SF	# of Floors: 3	Age In Years: 54 yrs.
Present Use:	Vacant	Prior Use: Airline Terminal	

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	6,880			LnFt: x	Ln M:
Surface Area	38,536			SqFt: x	Sq M:
Vol. RACM off Facility Component				CuFt:	Cu M:
Scheduled Dates Asbestos Removal (mm/dd//yy)		Start: 09-06-16**(1)Job on hold(2)09-30-16**		Complete: 09-01-17	
Schedules Dates Demo/Renovation (mm/dd/yy)		Start:		Complete:	

OCT - 4 2016 ACB gWilliam

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: ATC, 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.		
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: 08-19-16**(1)09-02-16(2)09-27-16**	
I certify that the above information is correct.		
Signature of Owner/Operator	Date: 08-19-16**(1)09-02-16(2)09-27-16**	

POSTAGE $ 000.46 SEP 27 2016 ZIP CODE 07072 PITNEY