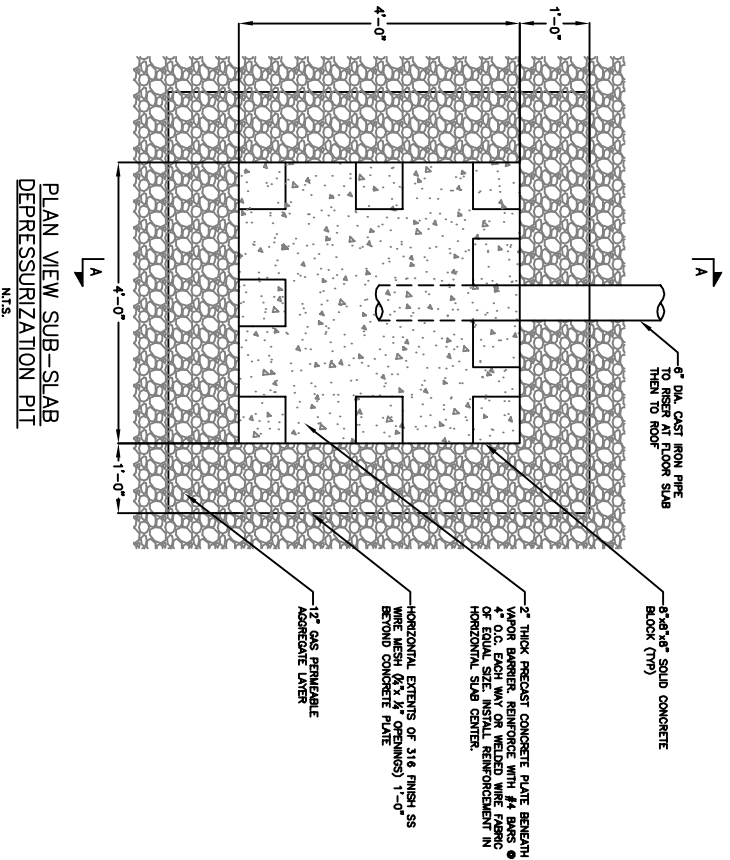


- NOTES:
1. CAST IRON SHALL BE 6" DIAMETER AS INDICATED ON THE DRAWINGS.
 2. ANY FRESH AIR INTAKES OR OPERABLE WINDOWS (INCLUDING THOSE ON ADJOINING PROPERTIES), FINAL LOCATION AND HEIGHT OF VENT STACKS SHALL BE IN ACCORDANCE WITH NEW YORK CITY BUILDING CODE.
 3. VENT STACK SHALL BE SECURELY ANCHORED WITH ADEQUATE STRUCTURAL SUPPORTS, SEE DETAIL ON THIS SHEET.
 4. IF A CONFLICT ARISES BETWEEN THE SSDS PIPING AND STRUCTURAL, ARCHITECTURAL, OR MEP ELEMENTS OF THE BUILDING, THE SSDS PIPING CAN BE RE-ROUTED (HORIZONTALLY OR VERTICALLY) AS NECESSARY TO AVOID SUCH CONFLICTS. THE RE-ROUTING SHALL BE APPROVED BY THE ARCHITECT PRIOR TO WATERPROOFING OF THE ROOF.
 5. CONTRACTOR TO COORDINATE INSTALLATION OF SSDS ROOF PENETRATION PRIOR TO WATERPROOFING OF THE ROOF.
 6. SEE ARCHITECTURAL PLANS AND SPECS FOR WATERPROOFING INSTALLATION DETAILS.



SSDS ROOF PENETRATION AND VENT DETAIL
N.T.S.



Environmental Management & Consulting

158 West 29th Street, 9th Fl.
New York, NY 10001

Queens West Development
Parcel 8
New York, NY

APPENDIX M

SSDS DETAILS

Date
December 2011

Project Number
10011-019-4

MONTHLY SUB-SLAB DEPRESSURIZATION SYSTEM INSPECTION

Queens West (Hunter's Point) Parcel 8
Long Island City, NY

Date of SSDS monthly inspection:	_____	System Operational:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name/Title of inspector:	_____					
Date of SSDS monthly inspection:	_____	System Operational:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name/Title of inspector:	_____					
Date of SSDS monthly inspection:	_____	System Operational:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name/Title of inspector:	_____					
Date of SSDS monthly inspection:	_____	System Operational:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name/Title of inspector:	_____					
Date of SSDS monthly inspection:	_____	System Operational:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name/Title of inspector:	_____					
Date of SSDS monthly inspection:	_____	System Operational:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name/Title of inspector:	_____					
Date of SSDS monthly inspection:	_____	System Operational:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name/Title of inspector:	_____					
Date of SSDS monthly inspection:	_____	System Operational:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name/Title of inspector:	_____					
Date of SSDS monthly inspection:	_____	System Operational:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name/Title of inspector:	_____					
Date of SSDS monthly inspection:	_____	System Operational:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name/Title of inspector:	_____					
Date of SSDS monthly inspection:	_____	System Operational:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Name/Title of inspector:	_____					

Note: If SSDS is not operational, fill out a System Malfunction Report and contact Fleming-Lee Shue Inc. at (212) 675-3225.

ROUTINE MAINTENANCE REPORT
Queens West (Hunter's Point) Parcel 8,
Long Island City, NY

Date of Maintenance Activity: _____

Maintenance Conducted by: _____

Company Name: _____

Position: _____

Activities Conducted:

Attach additional information (i.e. photos, sketches) as needed

Will maintenance affect HVAC system? ☐ Yes ☐ No
If yes, fill out below:

Date of SSDS inspection: _____

Name of inspector: _____

Position: _____

Signature/Date _____

SYSTEM MALFUNCTION REPORT
Sub-Slab Depressurization System
Queens West (Hunter's Point) Parcel 8
Long Island City, NY

Date of SSDS Alarm Notification: _____

System Check Conducted by: _____

Date of System Check: _____

Confirmation of System Malfunction: ☐ Yes ☐ No

In case of system malfunction, notify Fleming-Lee Shue, Inc. at (212) 675-3225.

Repair Activities Conducted:

Attach additional information (i.e. photos, sketches) as needed

Repair Conducted by: _____

SITE INSPECTION FORM
Queens West (Hunter's Point) Parcel 8
Long Island City, NY

Inspector:

Date:

1. Landscaped Areas

Adequate top soil cover present?

Signs of Erosion?

Recommended corrective action, if needed.

2. Outdoor paving/sidewalks

Note any signs of cracking or other damage

Note any areas where greater than 25% of
surface is cracked/damaged

Recommended corrective action, if needed.

3. Lower level garage slab

Note any signs of cracking or other damage

Note any areas where greater than 25% of
surface is cracked/damaged

Recommended corrective action, if needed.
