

59-17 Junction Blvd., Corona, NY 11368 * Fax (718) 595-3744 * Phone (718) 595-3718

**Department of
Environmental Protection**

Fax

To: Mr. John Weiss **From:** Krish Radhakrishnan

Fax: 212-669-7960 **Pages:**

Phone: **Date:** June 2002

Re: Application form for WTC debris clean-up
from exterior of buildings

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

Mr. Weiss -

Attached are the permit application for:
143 Chambers St
33 Liberty St
90 Maiden Lane ^{very urgent}
104 Reade St. ^{to start tomorrow}
113 Reade St
12 Vesey St

*Please let me know if the applications are
necessary. Thank you for your help!*

Karen Ellos
595-4394

EMERGENCY
 E 054/WTE
 ONLY
 TYPEWRITING
 FORMS
 ACCEPTED
 www.nyc.gov/dep

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT NOTIFICATION
 (ASBESTOS INSPECTION REPORT)

TRU 0968 M402
 Building Dept. or TRU No
 FOR OFFICIAL USE ONLY
 1. **NYC DEP**
 (See fee schedule)

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal at the NYCDEP requires one copy of the form with original signatures. This form must be submitted to the NYC DEP not less than one week in advance of the start of abatement activities.

I. FACILITY

2. Address 33 Liberty Street Borough Manhattan Zip 10005
 AKA _____ 3. Block 66 4. Lot 1
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Federal Reserve Bank 8. Contact Person _____
 9. Tel. # 212-720-5000 Fax # _____
 10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Trio Asbestos Removal Corp. 13. Contact Person Chris Horan
 14. Federal Employer ID. # PII 15. Tel. # 718-961-4100 Fax # 718-961-4103
 16. Address 14-20 129th Street City College Point State NY Zip 11356

V. THIRD PARTY AIR MONITOR

17. Name Warren & Panzer Engineers, P.C. 18. Contact Person Michael Nolan
 19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
 21. Address 228 East 45th Street City New York State NY Zip 10017
 22. Sample Analysis Laboratory Warren & Panzer Engineers 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/27/02 Projected completion date 7/27/02
 Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday
 Shift from: 8 ☒ am ☐ pm to 8 ☐ am ☒ pm
 If other, specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

25. Total amount of asbestos-containing material to be abated during this work

15,100 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

Asbestos Transportation

26. Asbestos Hauler Co. NYS DEC Permit # 1A-371 TEL.# 631-924-5050

Disposal Site(s) Imperial/POB 47, 11 Boggs Rd., PA; Southern Alleghenies/Rd 3

Valleyview Dr., PA

27. This asbestos abatement is part of a (Item a through e requires filing of this form with NYC Department of Buildings)

- a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration
e) ☐ Fireproofing Replacement f) ☐ Other (Describe) _____

28. TYPE OF ABATEMENT (Check all appropriate boxes)

- ☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

TRU 09684402

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM SQUARE FEET	LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
Cooling Tower	Item No. 6	Gravel Roof	7,000		
Roof	Item No. 3	Dunnage/Pipe (partial)	7,600		
Upper Roof	Item No. 3	Roof (partial)	500		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

Warren & Panzer Eng. Print Name of Air Monitor <i>LEV FAINSTEIN</i> Signature <i>[Signature]</i> Date <u>6/21/02</u>	Trio Asbestos Removal Corp Print Name of Asbestos Contractor <i>[Signature]</i> Signature <i>[Signature]</i> Date <u>6/21/02</u>	NYC Print Name of Applicant (If other than Owner) <i>[Signature]</i> Signature <i>[Signature]</i> Date _____
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32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized the filing of this notification for the work specified herein.

Federal Reserve Bank c/o NYC

Print Name of Owner

Signature

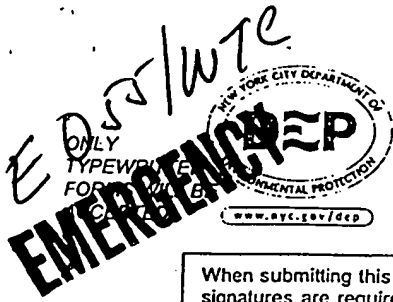
Date

A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.

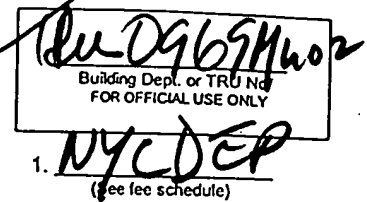
Any modification of information provided on this form must be reported immediately in writing directly to the NYC DEP ACP.

The requirements of the Asbestos Control Program Rules may not be lawfully avoided or lessened through the performance of work in incremental or piecemeal fashion.

ACP7
2/2001



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



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I. FACILITY

2. Address 48 Beaver Street Borough Manhattan Zip 10004
AKA 56 Beaver Street 3. Block 29 4. Lot 7501
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Time Equities 8. Contact Person _____
9. Tel. # 212-206-5694 Fax # _____
10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Trio Asbestos Removal Corp. 13. Contact Person Chris Horan
14. Federal Employer ID. # PII 15. Tel. # 718-961-4100 Fax # 718-961-4103
16. Address 14-20 129th Street City College Point State NY Zip 11356

V. THIRD PARTY AIR MONITOR

17. Name Warren & Panzer Engineers, P.C. 18. Contact Person Michael Nolan
19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 East 45th Street City New York State NY Zip 10017
22. Sample Analysis Laboratory Warren & Panzer Engineers 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/27/02 Projected completion date 6/30/02
Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday

Shift from: 8 ☒ am ☐ pm to 8 ☐ am ☒ pm

If other,
specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item...

25. Total amount of asbestos-containing material to be abated during this work

3,250 Square Feet, and/or _____ Linear Feet



ASBESTOS INSPECTION REPORT (continued)
Asbestos Transportation

26. Asbestos Hauler Co. NYS DEC Permit # 1A-371 TEL# 631-924-5050

Disposal Site(s) Imperial/POB 47, 11 Boggs Rd., PA; Southern Alleghenies/Rd 3
Valleyview Dr., PA

27. This asbestos abatement is part of a (Item a through e requires filing of this form with NYC Department of Buildings)
 a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration
 e) ☐ Fireproofing Replacement f) ☐ Other (Describe) _____

28. TYPE OF ABATEMENT (Check all appropriate boxes)

☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)

☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
Roof	Item No. 2		3250		

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Warren & Panzer Print Name of Air Monitor <u>LEV FAINSTEIN</u> Signature <u>[Signature]</u> Date <u>6/21/02</u>	Trio Asbestos Removal Corp Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>[Signature]</u> Date <u>6/5/02</u>	NYC Print Name of Applicant (If other than Owner) <u>[Signature]</u> Signature <u>[Signature]</u> Date <u>6/21/02</u>
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32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized the filing of this notification for the work specified herein.

Time Equities c/o NYC

Print Name of Owner

Signature

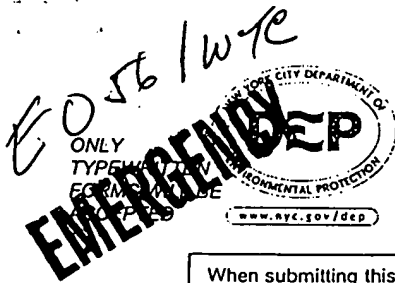
Date

A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.

Any modification of information provided on this form must be reported immediately in writing directly to the NYC DEP ACP.

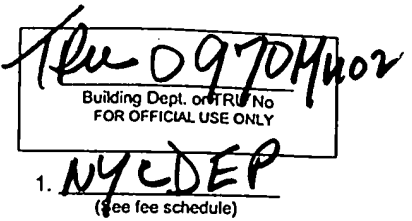
The requirements of the Asbestos Control Program Rules may not be lawfully avoided or lessened through the performance of work in incremental or piecemeal fashion.

ACP7
2/2001



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



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I. FACILITY

2. Address 63 Wall Street Borough Manhattan Zip 10005
AKA _____ 3. Block 27 4. Lot 9
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Brown Brothers Harriman 8. Contact Person _____
9. Tel. # 212-493-8616 Fax # _____
10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Trio Asbestos Removal Corp. 13. Contact Person Chris Horan
14. Federal Employer ID. # PII 15. Tel. # 718-961-4100 Fax # 718-961-4103
16. Address 14-20 129th Street City College Point State NY Zip 11356

V. THIRD PARTY AIR MONITOR

17. Name Warren & Panzer Engineers, P.C. 18. Contact Person Michael Nolan
19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 East 45th Street City New York State NY Zip 10017
22. Sample Analysis Laboratory Warren & Panzer Engineers 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/27/02 Projected completion date 7/30/02

Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Shift from: 8 ☒ am ☐ pm to 8 ☐ am ☒ pm

If other, specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

25. Total amount of asbestos-containing material to be abated during this work

5,000 Square Feet, and/or _____ Linear Feet



ASBESTOS INSPECTION REPORT (continued)
Asbestos Transportation

26. Asbestos Hauler Co. _____ NYS DEC Permit # 1A-371 TEL# 631-924-5050

Disposal Site(s) Imperial/POB 47, 11 Boggs Rd., PA, Southern Alleghenies/Rd 3 Box 310, Valleyview, PA

27. This asbestos abatement is part of a (Item a through e requires filing of this form with NYC Department of Buildings)

- a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration
e) ☐ Fireproofing Replacement f) ☐ Other (Describe) _____

28. TYPE OF ABATEMENT (Check all appropriate boxes)

- ☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM SQUARE FEET	LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
4th	Item No. 2	Roof only, no equipment except	3,500		
		intake louvers			
15th	Item No. 2	Roof (partial)	1,500		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

Warren & Panzer Print Name of Air Monitor <u>LEV FAINGSTEIN</u> Signature <u>[Signature]</u> Date <u>6/21/02</u>	Trio Asbestos Removal Corp. Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>[Signature]</u> Date <u>6/21/02</u>	NYC Print Name of Applicant (If other than Owner) <u>[Signature]</u> Signature <u>[Signature]</u> Date _____
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Brown Brothers Harriman c/o NYC

Print Name of Owner

Signature

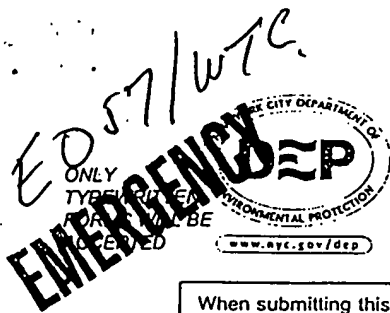
Date

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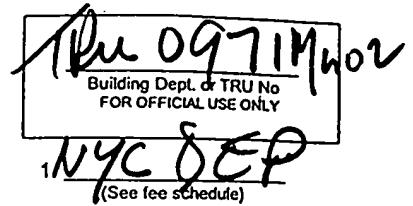
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ACP7
2/2001



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



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I. FACILITY

2. Address 90 Maiden Lane Borough Manhattan Zip 10005
AKA _____ 3. Block 42 4. Lot 36
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name AM Property Holding Co. 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Trio Asbestos Removal Corp. 13. Contact Person Chris Horan
14. Federal Employer ID. # P11 15. Tel. # 718-961-4100 Fax # 718-961-4103
16. Address 14-20 129th Street City College Point State NY Zip 11356

V. THIRD PARTY AIR MONITOR

17. Name Warren & Panzer Engineers, P.C. 18. Contact Person Michael Nolan
19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 East 45th Street City New York State NY Zip 10017
22. Sample Analysis Laboratory Warren & Panzer Engineers 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/27/02 Projected completion date 7/25/02

Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday

Shift from: 8 ☒ am ☐ pm to 8 ☐ am ☒ pm

If other, specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

25. Total amount of asbestos-containing material to be abated during this work

10,600 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)
Asbestos Transportation

 26. Asbestos Hauler Co. NYS DEC Permit # 1A-371 TEL # 631-924-5050

 Disposal Site(s) Imperial/POB 47, 11 Boggs Rd., PA; Southern Alleghenies/Rd 3

 27. This asbestos abatement is part of a (Item a through e requires filing of this form with NYC Department of Buildings) Valleyview Dr PA

- a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration
 e) ☐ Fireproofing Replacement f) ☐ Other (Describe) _____

28. TYPE OF ABATEMENT (Check all appropriate boxes)

- ☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)

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30. LOCATIONS OF ABATEMENT

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
Roof	Item No. 2	Perimeter and	4,950		
		localized areas			
Roof	Item No. 4	Gravel Roof	900		
Facade	Item No. 7	North Facade	4,750		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

Warren & Panzer Eng. Print Name of Air Monitor <u>LEV FALKSTEIN</u> Signature <u>[Signature]</u> Date <u>6/21/02</u>	Trio Asbestos Removal Corp Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>[Signature]</u> Date <u>6/21/02</u>	NYC Print Name of Applicant (If other than Owner) <u>CL</u> Signature <u>[Signature]</u> Date <u>6/21/02</u>
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AM Property Holding Co. c/o NYC

Print Name of Owner

Signature

Date

A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.

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