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 to start Tomorrow
104 Reade St
113 Reade St
12 Vesey St

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

Karen Ellis
595-4394

E054/WTC

EMERGENCY

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

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 0968M402
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.*

RECEIVED
JUN 25 2002
DEP/BANHM
ASBESTOS/LEAD
PROGRAM
TRUG 2

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)

26. Asbestos Hauler Asbestos Transportation 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

TR# 0968Mu02

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 | AMOUNT OF ACM LINEAR FEET | DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.) |
|---|---|---|---|---|---|
| Cooling Tower Roof | Item No. 6 | Gravel Roof | 7,000 | | |
| | Item No. 3 | Dunnage/Pipe (partial) | 7,600 | | |
| | | | | | |
| Upper Roof | Item No. 3 | Roof (partial) | 500 | | |
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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. | Trio Asbestos Removal Corp | NYC |
|---|---|---|
| Print Name of Air Monitor | Print Name of Asbestos Contractor | Print Name of Applicant (If other than Owner) |
| LEV FAINSTEIN | | |
| Signature | Signature | Signature |
| 6/21/02 | 6/21/02 | |
| Date | Date | Date |

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

6/21/02 — 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

EDS/WTC

EMERGENCY

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

# ASBESTOS PROJECT NOTIFICATION
## (ASBESTOS INSPECTION REPORT)

Building Dept. or TRU No.
FOR OFFICIAL USE ONLY

1. NYCDEP (see fee schedule)

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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.*

RECEIVED
JUN 25 2002
DEP/BANHM
SBESTOS/LEAD
PROGRAM
TRUG
2

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

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

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Asbestos Transportation 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 SQUARE FEET | AMOUNT OF ACM LINEAR FEET | DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.) |
|---|---|---|---|---|---|
| Roof | Item No. 2 | | 3250 | | |
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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 | Trio Asbestos Removal Corp | NYC |
|---|---|---|
| Print Name of Air Monitor | Print Name of Asbestos Contractor | Print Name of Applicant (If other than Owner) |
| LEV FAINSTEIN | | |
| Signature | Signature | Signature |
| 6/21/02 | 6/5/02 | |
| Date | Date | Date |

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 | | 6/21/02 |
|---|---|---|
| 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

E0056 WTC

ENTERED

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

# ASBESTOS PROJECT NOTIFICATION
## (ASBESTOS INSPECTION REPORT)

Tracking No 097044402
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYCDEP
(See fee schedule)

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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.*

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JUN 25 2002
DEP/BANHM
ASBESTOS/LEAD
PROGRAM
TRUG
2

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

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

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Asbestos Transportation 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 | AMOUNT OF ACM 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 | 3,500 | | |
| | | equipment except | | | |
| | | intake louvers | | | |
| 15th | Item No. 2 | Roof (partial) | 1,500 | | |
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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 | Trio Asbestos Removal Corp. | NYC |
|---|---|---|
| Print Name of Air Monitor | Print Name of Asbestos Contractor | Print Name of Applicant (If other than Owner) |
| LEV FAINSTEIN | | |
| Signature | Signature | Signature |
| 6/21/02 | 6/21/02 | |
| Date | Date | Date |

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| Brown Brothers Harriman c/o NYC | | 6/21/02 |
|---|---|---|
| Print Name of Owner | Signature | Date |

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ACP7
2/2001

ED 57/WTC.

EMERGENCY ONLY TYPEWRITTEN FORMS MAY BE ACCEPTED

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 0971M402
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1 NYC DEP
(See fee schedule)

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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. # 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 7/25/02

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.*

RECEIVED
JUN 25 2002
DEP/BANHM
ASBESTOS/LEAD
PROGRAM
TRUG
2

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)

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

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☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

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|---|---|---|---|---|---|
| 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 | | |
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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. | Trio Asbestos Removal Corp | NYC |
|---|---|---|
| Print Name of Air Monitor | Print Name of Asbestos Contractor | Print Name of Applicant (If other than Owner) |
| LEV FAINSTEIN | | |
| Signature | Signature | Signature |
| 6/21/02 | 6/21/02 | |
| Date | Date | Date |

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.

AM Property Holding Co. c/o NYC — Print Name of Owner

Signature

6/21/02 — 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.

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ACP7 2/2001