

135WTC
EMERGENCY
 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)

1336 Muoz
 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 94 NASSAU STREET Borough MAN Zip 10038
 AKA 129 FULTON STREET / 40 ANN STREET 3. Block 91 4. Lot 13
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name COALITION FOR THE HOMELESS 8. Contact Person MARIANELA OLIVERAS
 9. Tel. # (212) 964-5900 Fax # (212) 964-1303
 10. Address 89 CHAMBERS STREET City NEW YORK State NY Zip 10007

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL 13. Contact Person LOUIE IANNICO
 14. Federal Employer ID. # _____ PII _____ 15. Tel. # (718) 531-2900 Fax # (718) 209-1808
 16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 18. Contact Person MICHAEL NOLAN
 19. Federal Employer ID. # _____ PII _____ 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 _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 08/18/02 Projected completion date 09/18/02

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

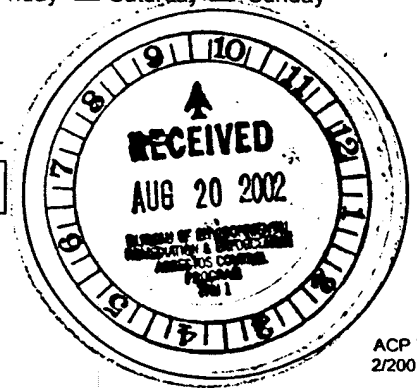
Shift from: 8⁰⁰ ☒ am ☐ pm to 8⁰⁰ ☐ am ☒ pm

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

12546 Square Feet, and/or 0 Linear Feet



ACP 7
 2/2001

DEP
 BUREAU OF ENVIRONMENTAL
 REMEDIATION & ENFORCEMENT
 ASBESTOS CONTROL
 PROGRAM
 TRU 2

ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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

ROOF MATERIAL: ROOF MEMBRANE

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		ROOF SURFACE	7000		
"		PARAPETS	467		
"		GUTTERS	114		
"		FACADES	2345		FACADES OF SMALL BLDG AND BULK HEADS
"		A/C UNITS & METAL	2370		
2ND		WINDOW LEDGES (10)	250		

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 ENGINEERS Print Name of Air Monitor <u>Pestry Benjio</u> Signature <u>08-19-02</u> Date	B. KURZBAN & SON CONTROL Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>08-19-02</u> Date	Print Name of Applicant (If other than Owner) Signature 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.

Print Name of Owner

Signature

NYC DEP

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

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Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

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(ASBESTOS INSPECTION REPORT)

TRU0985 Mw02
Building Dept or TRU No
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I. FACILITY

2. Address 94 Nassau Street Borough Manhattan Zip _____
AKA 129 Fulton St, 40 Ann St, 129-133 3. Block Fulton St 91 4. Lot 13
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Collegiate Church Corp. attn. David Rivna 8. Contact Person _____
9. Tel. # 212-233-1960 Fax # _____
10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Benjamin Kurzban & Son Control 13. Contact Person Louie Iannico
14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808
16. Address 1248 Ralph Avenue City Brooklyn State NY Zip 11236

V. THIRD PARTY AIR MONITOR

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19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
21. Address 228 East 45th St City New York State NY Zip 10017
22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 07/01/02 Projected completion date 07/31/02

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

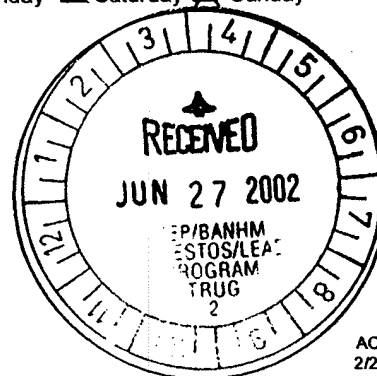
Shift from: 8⁰⁰ ☒ am ☐ pm to 8⁰⁰ ☐ am ☒ pm

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

122968 Square Feet, and/or 0 Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler **IESI, NY**NYS DEC Permit # **NJ-462**Tel. # **(718) 522-2263**Disposal Site(s) **BlueRidge Landfill PO Box 399 Scotsdale, Pa 17254**

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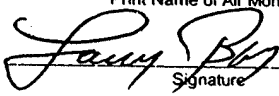
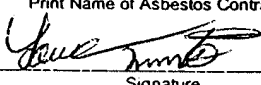
Re 0985 Mu02

30. LOCATIONS OF ABATEMENT

ROOF MATERIAL: ROOF MEMBRANE (TAR)

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		ROOF SURFACES	7000		
II		PARAPETS	467		
II		GUTTERS	114		
II		FACADES	2345		
II		A/C UNITS & METAL	2370		

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 ENGINEERS Print Name of Air Monitor  Signature 06/26/02 Date	BENJAMIN KURZBAN & SON Print Name of Asbestos Contractor  Signature 6/26/02 Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ Date
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ACP7
2/2001



ATHENICA

ENVIRONMENTAL SERVICES INC.

Tel. (718) 704-7490
Fax (718) 704-4035

AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

PROJECT: NYC DEP, 40 Aram Street

DATE OF REPORT: 08/19/02

DATE OF ANALYSIS: 08/19/02

EFFECTIVE FILTER AREA (mm²): 385

AVERAGE G.O. AREA (mm²): 0.012422

LABORATORY RESULTS

CLIENT #	I.A.R. ID #	LOCATION	VOLUME (10)	G.O.'s ANAL. YZED	AREA ANALY ZED (sqm ²)	ANALYT. SENSITIV. (struct/cm ³)	TOTAL ASBESTOS AIR CONC. (struct/cm ³)	TOTAL ASBESTOS FILTER CONC. (cf./cm ³)	AIR CONC. FOR STRUCT. 0.5-5.0µm	AIR CONC. FOR STRUCT. 5>5.0µm	ASBEST. TYPE CHRYS.	AMPHIB. ASBEST TYPE SPECIFY
1	T02-08-099-1712	On roof - south side	1340	5	0.0621	0.0046	0.0093	32.20	0.0046	0.0046	Chrys	NA
2	T02-08-099-1713	On roof - north side	1340	5	0.0621	0.0046	0.0093	32.20	<0.0046	0.0093	Chrys.	NA
3	T02-08-099-1714	In penthouse, at the pers. decon	1340	5	0.0621	0.0046	0.0046	16.10	0.0046	<0.0046	Chrys	NA
4	T02-08-099-1715	In bulkhead, by entrance to roof	1340	5	0.0621	0.0046	<0.0046	<16.10	NA	NA	NA	NA
5	T02-08-099-1716	On 4 th floor, below roof	1340	5	0.0621	0.0046	0.0093	32.20	0.0093	<0.0046	Chrys	NA

ANALYST

12. Summary

LABORATORY DIRECTOR

Spin Manager

LABORATORY CERTIFICATION NUMBERS: NVLAP 101958, FLAP 10955

- **Authentica Environmental Services Inc. (AESI)**, is responsible only for information pertaining to samples taken by its employees.
- Air sampling cassettes will be stored for sixty (60) days. AESI Inc., should be notified within this time frame for a true duplicate analysis.
- If AESI Inc. did not conduct the sampling, the reported airborne concentration was derived based on information provided by the client.
- Samples supplied solely for the convenience of the client.
- The report relates only to items tested. This report must not be used to claim product endorsement by NVI AB or any other agency of the U.S. Government. Test reports may not be reproduced except in full and with prior approval of AESI Inc.
- The liability of Authentica Environmental Services Inc. with respect to the services charged, shall in no event exceed the amount of the invoice.

228 East 45th Street
New York, NY 10017
(212) 922-0877
Fax (212) 922-0680

WARREN & PANZER ENGINEERS, P.C.

PAGE 1 OF 1

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

24 hr⁺/a

12 hr⁺/a 6 hr⁺/a 3 hr⁺/a Immediate ⁺/a

P.O.

CLIENT: NYC DEP

W&P FILE #: 1079-01-02

CONTACT: MICHAEL NECHAI

PROJECT: DEP ROOFS & FACADES
LOCATION: 40 AVE ST. MANHATTAN

LABORATORY: ARKEMA
ANALYSIS METHOD: PCM TEM TEM
7400 (NIH/ EPA LEVEL II)

TECHNICIAN: A. MARETTOSSIAN

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR. (fib/cc)
1	ON ROOF - SOUTH SIDE	3		4	4	9.50	15.25	335	1340	
2	ON ROOF - NORTH SIDE	3		4	4	9.51	15.26	335	1340	
3	IN PERSONALITY, AS OF THE PUMP, DISCOW	3		4	4	9.52	15.27	335	1340	
4	IN PERSONALITY, AS OF THE PUMP, DISCOW	3		4	4	9.54	15.29	335	1340	
5	ON 4 FLOOR, BUTLOW PUMP	3		4	4	9.57	15.32	335	1340	
6	FIELD BLANK	1								
7	FIELD BLANK	1								
8	SEALED BLANK	1								

PII

SAMPLE BY: A. MARETTOSSIAN DATE: 8/18/02
SIGNATURE: A. MARETTOSSIAN
RELEASED BY: A. MARETTOSSIAN DATE: 8/18/02
SIGNATURE: A. MARETTOSSIAN
RECEIVED BY: E. SIOUFA DATE: 8/19/02
SIGNATURE: E. SIOUFA

SAMPLE TYPE CODES			
1 - Blank	5 - Final Clearance (inside)	6 - Final Clearance (outside)	7 - Personal
2 - Pre-Abatement	3 - During Abatement	4 - During Glove Bag Removal	8 - Background

SEE REVERSE SIDE FOR ANALYSIS INFORMATION