=135WTC

EMERGENCY

NOW TYPEWRITTEN FORMS WILL BE ACCEPTED

NEW YORK CITY DEPARTMENT OF DEP ENVIRONMENTAL PROTECTION

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)

Plu 1336 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 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: 8^00 ☒ am ☐ pm to 8^00 ☐ am ☒ pm

If other, specify _____

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

RECEIVED
AUG 20 2002
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 1

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) 522-2263

Disposal 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

TRM 1336 Mnor

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 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		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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
WARREN & PANZER ENGINEERS	B. KURZBAN & SON CONTROL	
Signature	Signature	Signature
08-19-02	08-19-02	
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.

Print Name of Owner	Signature	Date
	NYCDEP	08-19-02

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

E06342TC

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

www.nyc.gov/dep

TRU0985MW02

Building Dept or TRU No FOR OFFICIAL USE ONLY

1. NYCDEP (See fee schedule)

ASBESTOS PROJECT NOTIFICATION

(ASBESTOS INSPECTION REPORT)

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I. FACILITY

2. Address 94 Nassau Street Borough Manhattan Zip

AKA 129 Fulton St, 40 Ann St, 129-133 Fulton St 3. Block 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

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 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

122960 Square Feet, and/or 0 Linear Feet

RECEIVED JUN 27 2002 DEP/BANHM ASBESTOS/LEAD PROGRAM TRUG 2

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

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

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☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☒ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)

☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application Rev 0985M402

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 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		ROOF SURFACES	7000		
"		PARAPETS	467		
"		GUTTERS	114		
"		FACADES	2345		
"		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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
WARREN & PANZER ENGINEERS	BENJAMIN KURZBAN & SON	
Signature	Signature	Signature
06/26/02	6/26/02	
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.

Print Name of Owner	Signature	Date
	DEP	06/26/02

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

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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

94 NASSAU ST.

ATHENICA
ENVIRONMENTAL SERVICES INC.
Tel. (718) 784-7499
Fax. (718) 784-4085

AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

CLIENT: Warren & Panzer Engineers, P.C.
LABORATORY ID #: T02-08-099
ANALYT. METHODOLOGY: AHERA
FILTER TYPE: M.C.E.
AVERAGE G.O. AREA (mm^2): 0.012422

PROJECT: NYC DEP, 40 Ann Street
DATE OF REPORT: 08/19/02
DATE OF ANALYSIS: 08/19/02
EFFECTIVE FILTER AREA (mm^2): 385

LABORATORY RESULTS

CLIENT #	LAB. ID #	LOCATION	VOLUME (l)	G.O.'s ANAL. YZED	AREA ANALYZED (mm^2)	ANALYT. SENSITIV. (struct./cm^3)	TOTAL ASBESTOS AIR CONC. (struc./cm^3)	TOTAL ASBESTOS FILTER CONC. (str./mm^2)	AIR CONC. FOR STRUCT. 0.5≤S<5µm	AIR CONC. FOR STRUCT. S>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 4th floor, below roof	1340	5	0.0621	0.0046	0.0093	32.20	0.0093	<0.0046	Chrys	NA

ANALYST
B. Dimitrakas

LABORATORY DIRECTOR
Spiro Dougaris

LABORATORY CERTIFICATION NUMBERS: NVLAP 101958, ELAP 10955

- Athenica Environmental Services Inc. (AES), is responsible only for information pertaining to samples taken by its employees.
- Air sampling cassettes will be stored for sixty (60) days. AES Inc., should be notified within this time frame for a true duplicate analysis.
- If AES Inc., did not conduct the sampling, the reported airborne concentration was derived based on information provided by the client. Under these circumstances, the air concentration data is 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 NVLAP or any other agency of the U.S. Government. Test reports may not be reproduced except in full and with prior approval of AES Inc.
- The liability of Athenica 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) 922-0077
Fax (212) 922-0880

WARREN & PANZER ENGINEERS, P. C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

(24 hr+/a) 12 hr+/a 6 hr+/a 3 hr+/a Immediate +/a

P.O. _____

W&P FILE #: 1079-01-02

CONTACT: MICHAEL NOLAN

CLIENT: NYC DEP

LABORATORY: AHERA

PROJECT: DEP ROOFS & FACADES CLEANING

ANALYSIS METHOD: PCM 7400 (TEM AHERA) TEM EPA LEVEL II (circle one)

LOCATION: 40 MAIN STR. MANHATTAN

TECHNICIAN: A. MARTIROSSIAN

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME 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 PENTHOUSE, AT THE REAR, BELOW	3		4	4	9.52	15.27	335	1340	
4	IN BULKHEAD, BY ENTRANCE TO ROOF	3		4	4	9.54	15.29	335	1340	
5	ON 4 FLOOR, BELOW ROOF	3		4	4	9.57	15.32	335	1340	
6	FIELD BLANK	1								
7	FIELD BLANK	1								
8	SEALED BLANK	1								

COMMENTS:

PII

SAMPLE BY: A. MARTIROSSIAN DATE: 8/18/02

SIGNATURE: A. Martirossian

RELEASED BY: A. MARTIROSSIAN DATE: 8/18/02

SIGNATURE: A. Martirossian 17.00

RECEIVED BY: E. Sioufi DATE: 8/19/02

SIGNATURE: E

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

SEE REVERSE SIDE FOR ANALYSIS INFORMATION