

ASBESTOS INSPECTION REPORT

|                                                         |     |                                                  |                                      |                                                      |                  |                                                         |  |
|---------------------------------------------------------|-----|--------------------------------------------------|--------------------------------------|------------------------------------------------------|------------------|---------------------------------------------------------|--|
| PREMISE NO. <b>55</b>                                   |     | STREET <b>Nassau Street (aka) 24 Maiden Lane</b> |                                      |                                                      |                  | INSPECTION DATE <b>10/11/02</b>                         |  |
| FLOOR <b>Roof &amp; Facade</b>                          | ZIP | BORO CODE <b>1</b>                               | BLOCK                                | LOT                                                  | SQUAD # <b>1</b> | BADGE # <b>A078</b>                                     |  |
| INSPECTOR <b>R. Rammohan</b>                            |     | BLDG TYPE <b>B</b>                               | BASIS OF INSPECT. <b>TRU/690MN02</b> |                                                      |                  | PHOTOS TAKEN YES <input checked="" type="checkbox"/> NO |  |
| CONTRACTORS NAME <b>Trio Asbestos Removal</b>           |     |                                                  |                                      | SAMPLE NO.                                           |                  |                                                         |  |
| ADDRESS <b>14-20 129 Street</b>                         |     |                                                  |                                      | CITY <b>College Point</b>                            |                  |                                                         |  |
| STATE <b>NY</b>                                         |     |                                                  |                                      | ZIP <b>11356</b>                                     |                  |                                                         |  |
| PHONE <b>(718) 961-4100</b>                             |     |                                                  |                                      | SAMPLE NO.                                           |                  |                                                         |  |
| LABORATORY NAME <b>Warren &amp; Panzer Engineers PC</b> |     |                                                  |                                      | OWNERS NAME <b>Harry Morgan Stern</b>                |                  |                                                         |  |
| ADDRESS <b>228 East 45 Street</b>                       |     |                                                  |                                      | CITY <b>New York</b>                                 |                  |                                                         |  |
| STATE <b>NY</b>                                         |     |                                                  |                                      | ZIP <b>10017</b>                                     |                  |                                                         |  |
| PHONE <b>(212) 922-0630</b>                             |     |                                                  |                                      | STATE <b>NY</b>                                      |                  |                                                         |  |
| CONTACT PERSON: <b>Steven Parmigiani / pri</b>          |     |                                                  |                                      | TIME OF INSPECTION FROM: <b>8 am</b> TO: <b>4 pm</b> |                  |                                                         |  |

Inspection disclosed that the following Requirements, Specifications, and Procedures were complied with

- ☐ Section 1-51 Notifications, Reports, Plans, and Fees
  - ☐ Section 1-71 Air Sampling, Monitoring, and Analysis
  - ☐ Section 1-91 Worker Protection
  - ☐ Section 1-101 Materials and Equipment
  - ☐ Section 1-116 Work Place Preparation
  - ☐ Section 1-117 Worker Decontamination Enclosure System
  - ☐ Section 1-118 Waste Decontamination Enclosure System
  - ☐ Section 1-126 Engineering Controls ☐ Section 1-127 Entry/Exit
  - ☐ Section 1-128 Equipment, Waste Decontamination & Removal
  - ☐ Section 1-129 Maintenance of Decontamination System & Barriers
  - ☐ Section 1-137 ACM Disturbance, Handling, & Removal
  - ☐ Section 1-138 Encapsulation ☐ Section 1-139 Enclosure
  - ☐ Section 1-140 Glovebag ☐ Section 1-141 Tent
  - ☐ Section 1-146 Preliminary Clean Up
  - ☐ Section 1-147 Final Clean Up
  - ☐ Project ongoing, expected completion date **10/12/02**
  - ☐ Project completed on or about **10/12/02** All surfaces, including abated surfaces are free of visible ACM debris and Encapsulated
  - ☐ No Access Premise ☐ Locked, No response to bell or knocks ☐ Abandoned
  - ☐ Inspection based on complaint, no ACM being disturbed or present
  - ☐ Variance Inspection-Approved/Disapproved. Section (s) **1-137**
  - ☐ Follow Up Necessary
- Contact person at the site: **Don Volkovitz + 2 handlers - for roof & Larry wbp**  
**Marian Wiczek + 4 handlers - for facade & Edman wbp**

Additional Comments

**10/10/02 (THURSDAY):** The crew started cleaning the roof and air sampling was delayed due to power not available. At the end of the day roof cleaning was completed including bulkhead walls & roof

**10/12/02 (Saturday):** Facade washing started at 9:30am due to rain at Nassau street facade. At 1:30pm Nassau side was completed and the boom truck was moved to Maiden Lane facade. At 4 pm Maiden Lane facade completed and boom was moved to 62 William for extra help.

**Visual was satisfactory.**

|       |             |  |  |  |  |                      |
|-------|-------------|--|--|--|--|----------------------|
| NOV # | INFRACTIONS |  |  |  |  | RESULT CODE          |
|       |             |  |  |  |  | <b>5</b>             |
| NOV # |             |  |  |  |  | SUPERVISORS INITIALS |
|       |             |  |  |  |  | <b>pl</b>            |

BORO 1 - MANHATTAN 2 - BRONX 3 - BROOKLYN 4 - QUEENS 5 - RICHMOND

BLDG TYPE A > 6 Stories B < 6 Stories C Single Family D School E Hospital F Public Owned Property

RESULT CODES 1 - Violation Issued 2 - No Violations Issued 3 - No Access 4 - Project not Started (No NOV) 5 - Project Completed (No NOV)

K 200 WTC  
**EMERGENCY**  
 ONLY  
 TYPEWRITTEN  
 FORMS WILL BE  
 ACCEPTED



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 Asbestos Control Program  
 59-17 Junction Boulevard, 8<sup>th</sup> Floor, Queens, NY 11368-5107

# ASBESTOS PROJECT NOTIFICATION (ASBESTOS INSPECTION REPORT)

**16904**  
 Building Dept. or TF  
 FOR OFFICIAL USE  
 1. **NYC DE**  
 (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 55 NASSAU STREET Borough Manhattan Zip \_\_\_\_\_  
 AKA 24-26 MAIDEN LANE 3. Block \_\_\_\_\_ 4. Lot \_\_\_\_\_  
 5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

## II. BUILDING OWNER

7. Name HARRY MORGANSTERN 8. Contact Person HARRY MORGANSTERN  
 9. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_  
 10. Address \_\_\_\_\_ City NY State \_\_\_\_\_ Zip \_\_\_\_\_

## III. GENERAL CONTRACTOR

11. Name \_\_\_\_\_ Tel. # \_\_\_\_\_

## IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name TRIO ASBESTOS REMOVAL CORP. 13. Contact Person STEVEN PARMIGIANI  
 14. Federal Employer ID. # PII 15. Tel. # (718) 961-4100 Fax # (718) 961-4103  
 16. Address 14-20 129 STREET City COLLEGE POINT State NY Zip 11356

## V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, P.C. 18. Contact Person MIKE NOLAN  
 19. Federal Employer ID. # \_\_\_\_\_ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630  
 21. Address 228 EAST 45 STREET City NEW YORK State NY Zip 10017  
 22. Sample Analysis Laboratory WARREN & PANZER ENG., P.C. 23. NYS DOH ELAP # 11251

## VI. PROJECT INFORMATION

24. Starting date for this portion of work 10/10/02 Projected completion date 10/19/02  
 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.

25. Total amount of asbestos-containing material to be abated during this work  
1,600 Square Feet, and/or 0 Linear Feet

