NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

www.nyc.gov/dep

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

PAID

1103Hw03

Building Dept. or TRU No
FOR OFFICIAL USE ONLY

VAR 1577Mn03

1. $800 (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 114 Liberty Street Borough Manhattan Zip 10006

AKA _____ 3. Block 52 4. Lot 7502

5. Type of Facility Condominium/Commercial 6. Name of Building 114 Liberty Street

II. BUILDING OWNER

7. Name Liberty, LLC c/o Epic, LLC 8. Contact Person Ms. Denise Sweeney

9. Tel. # (212) 633-6500 Fax # (212) 729-8969

10. Address 12 East 44th Street City New York State NY Zip 10017

III. GENERAL CONTRACTOR

11. Name N/A Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

(917)335.1178
(917) 374-7303

12. Name ETS Contracting, Inc. 13. Contact Person Mr. Robert Middleton

14. Federal Employer ID. # PII 15. Tel. # (718) 706-6300 Fax # (718) 706-1032

16. Address 160 Clay Street City Brooklyn State NY Zip 11222

V. THIRD PARTY AIR MONITOR

17. Name Hillman Environmental Co., Inc. 18. Contact Person Mr. Michael Nehlsen

19. Federal Employer ID. # PII 20. Tel. # (908) 688-7800 Fax # (908) 686-2636

21. Address 1200 Route 22 East City Union State NJ Zip 07083

22. Sample Analysis Laboratory Hillmann Environmental Co., Inc. 23. NYS DOH ELAP # 10926

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/6/03 Projected completion date 9/30/03

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

Shift from: 7:00 ☑ am ☐ pm to 6:00 ☐ am ☑ pm

If other, specify _____

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

RECEIVED
JUL 29 2003
BUREAU OF ENVIRONMENTAL INVESTIGATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
REG 1

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

968 Square Feet, and/or 328 Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Tri State Transfer Assoc. NYS DEC Permit # 1A-375 Tel.# (718) 617-0661

Disposal Site(s) BFI Imperial Landfill, 11 Boggs Road, PO Box 47, Imperial, PA 15126

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) ACM Removal Only

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.)
Bsmt	Boiler Room	Pipe Lagging		80	ACM Rem, Tent/Glovebag
Bsmt	Oil Tank Room	Ceiling Block	144		ACM Rem/Tent Containment
Bsmt	Water Meter Room	Pipe Lagging		16	ACM Rem, Tent/Glovebag
Bsmt	Water Heater/Storage	Pipe Lagging		6	ACM Rem, Tent/Glovebag
1st Pizza	Restaurant	Spray-On/Plaster	824		ACM Rem/Full Cont. w/variance
1st Miami	Restaurant	Pipe Lagging		64	ACM Rem/Tent Cont. w/variance
2nd	Bathroom	Pipe Lagging		10	ACM Rem, Tent/Glovebag
3rd	Apt./Hallway	Pipe Lagging		128	ACM Rem, Tent/Glovebag
9th	West Hall	Pipe Lagging		24	ACM Rem, Tent/Glovebag

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.

Hillmann Environmental Co., Inc.	ETS Contracting, Inc.	ETS Contracting, Inc.
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
7/28/03	7/29/03	7/29/03
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.

Liberty, LLC David E. Stanke — Print Name of Owner

Signature

July 28, 2003 — 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

11 03 03

R041W1C

JUN-19-2002 13:25

EMERGENCY

P.01

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

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU0930MN02
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 114 Liberty Str./119 Cedar Str. Borough Manhattan Zip 10006

AKA _____ 3. Block 52 4. Lot 7502

5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Building Owner/Manager 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 11251

22. Sample Analysis Laboratory Warren & Panzer Engineers 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/25/02 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

~~79,665~~ _____ Square Feet, and/or _____ Linear Feet

42,425 (a)

RECEIVED
JUN 20 2002
DEP BANK
ASBESTOS/LEAD
PROGRAM
TRUG
2

ACP 7
2/2001

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

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 TM10930MN02

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. 3		12,435		
Roof	Item No. 6		19,400		
Roof/ Walls	Item No. 8		10,230		
Facade	Item No. 8		37,820	a	

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)
Signature	Signature	a Signature
6/19/02 Date	6/19/02 Date	Date

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Building Owner/Manager c/o NYC DEP 6/20/02

Print Name of Owner Signature Date

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ACP7 2/2001

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ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

PAID

Rec 1103Hn03

Building Dept. or TRU No
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VAR 1577Mn03

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17. Name Hillman Environmental Co., Inc. 18. Contact Person Mr. Michael Nehlsen

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JUL 29 2003
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
MN 1

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968 Square Feet, and/or 328 Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

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Signature	Signature	Signature
7/28/03	7/29/03	7/29/03
Date	Date	Date

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Liberty, LLC David E. Stanke — Print Name of Owner

David E. Stanke — Signature

July 28, 2003 — Date

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ACP7 2/2001

Rev 11/03/03