

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)

Building Dept. or TRU No
FOR OFFICIAL USE ONLY

\$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

12. Name ETS Contracting, Inc. 13. Contact Person Mr. Robert Middleton ^{(917) 335-1178} 874-7303
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) 688-2636
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

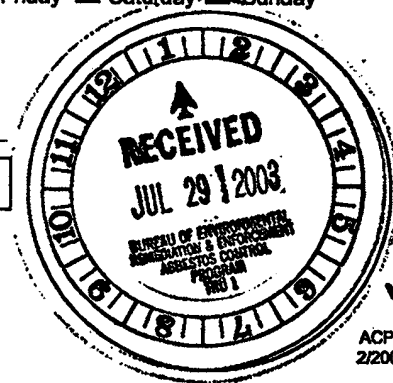
Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☐ Sunday

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.

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) 617-0661Disposal 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 filling 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

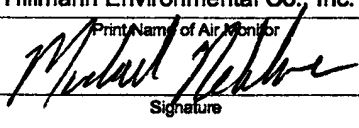
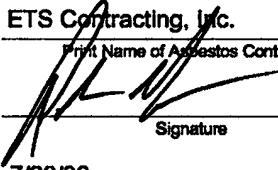
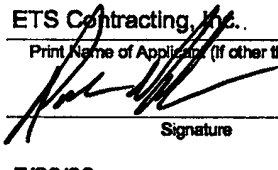
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☒ 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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
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. Print Name of Air Monitor  Signature <u>7/28/03</u> Date	ETS Contracting, Inc. Print Name of Asbestos Contractor  Signature <u>7/29/03</u> Date	ETS Contracting, Inc. Print Name of Applicant (If other than Owner)  Signature <u>7/29/03</u> 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.

Liberty, LLC David E. Stanke David E. Stanke July 28, 2003
 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.

ACF7
2/2001Per 11034403

JUN-19-2002 13:25

EMERGENCY

P.01

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1109304N02
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
70,665 Square Feet, and/or _____ Linear Feet

42,425 (u)



ACP 7
2/2001

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

JUN-19-2002 13:25

P.02

ASBESTOS INSPECTION REPORT (continued)

Asbestos Transportation

26. Asbestos Hauler Go. NYS DEC Permit # 1A-371 TEL # 631-924-5050Disposal 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)

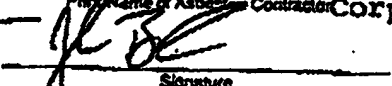
- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

True 09304N02

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

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 Print Name of Air Monitor  Signature <u>6/19/02</u> Date	Trio Asbestos Removal Corp Print Name of Asbestos Contractor  Signature <u>6/19/02</u> Date	NYC Print Name of Applicant (if other than Owner) <u>CL</u> 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.

Building Owner/Manager c/o NYC

Print Name of Owner

Signature

Date

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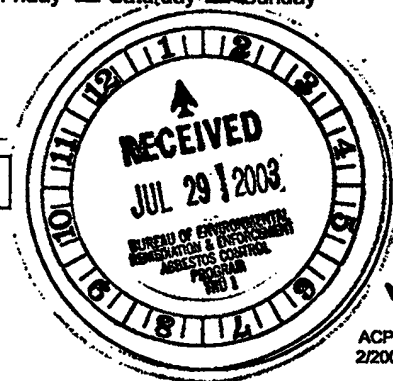
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ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Tri State Transfer Assoc. NYS DEC Permit # 1A-375 Tel.# (718) 617-0861

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

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1st Miami	Restaurant	Pipe Lagging		64	ACM Rem/Tent Cont. w/variance
2nd	Bathroom	Pipe Lagging		10	ACM Rem, Tent/Glovebag
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Hillmann Environmental Co., Inc. Print Name of Air Monitor <u>Michael Hillmann</u> Signature <u>7/28/03</u> Date	ETS Contracting, Inc. Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>7/29/03</u> Date	ETS Contracting, Inc. Print Name of Applicant (If other than Owner) <u>[Signature]</u> Signature <u>7/29/03</u> Date
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Liberty, LLC David E. Stanke [Signature] July 28, 2003
Print Name of Owner Signature Date

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