E 7/12/02

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

TRU 1090 M NO 2
Building Dept or TRU No
FOR OFFICIAL USE ONLY

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1. $400 — (See fee schedule)

EMERGENCY E 7/12/02

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 ~~Bronx~~ MAN. Zip 10006

AKA _____ 3. Block 52 4. Lot 11

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

II. BUILDING OWNER

7. Name 114 Liberty Condominium 8. Contact Person Ms. Denise Sweeny

9. Tel. # (212) 633-6500 Fax # _____

10. Address 114 Liberty Street City New York State NY Zip 10006

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Lacen Contracting Corp. 13. Contact Person Carlos R. Lacen

14. Federal Employer ID. # PII 15. Tel. # (718) 482-8400 Fax # (718) 482-1710

16. Address 30-51 14th Street City Astoria State NY Zip 11102

V. THIRD PARTY AIR MONITOR

17. Name Environmental Consulting &Management 18. Contact Person Mr. Mark Rutstein

19. Federal Employer ID. # PII 20. Tel. # (914) 523-1523 Fax # (845) 638-0640

21. Address 10 Filmont Drive City New City State NY Zip _____

22. Sample Analysis Laboratory EMSL 23. NYS DOH ELAP # 11506

VI. PROJECT INFORMATION

24. Starting date for this portion of work 7/12/02 Projected completion date 7/12/02

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

Shift from: 8:00 ☑ am ☐ pm to 5:00 ☐ am ☑ pm

If other, specify _____

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

RECEIVED JUL 11 2002 DEP BANK ASBESTOS PROGRAM BUS

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

100 Square Feet, and/or 0 Linear Feet

ACP 7 2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Tristate Transfer NYS DEC Permit # _____ Tel.# _____

Disposal Site(s) _____

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) Clean Up

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

1090 M NO 2

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.)
Facade	South,East and West	Window Sills	100		Removal,Hepa Vacuum,Wetwipe
	WE WILL COMPLY WITH DEP BUILDING FACADE				
	PROTOCOL CLEAN UP				

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.

Environmental Consulting &Mgmt.	Lacen Contracting Corp.	Lacen Contracting Corp.
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Mark Rutstein	Carlo R Lacen	Carlo R Lacen
Signature	Signature	Signature
7/11/02	7/11/02	7/11/02
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.

Ms. Denise Sweeny — Print Name of Owner

Denise Sweeny — Signature

7/11/02 — 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

THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION
JOEL A. MIELE, SR., P.E. Commissioner

ROBERT C. AVALTRONI
Deputy Commissioner

PHONE (718) 595-4418
FAX (718) 595-3648

Bureau of
Air, Noise, & Hazardous
Materials

ASBESTOS CONTROL PROGRAM TECHNICAL REVIEW UNIT
ACP-7 CORRECTION FORM

PREMISES ADDRESS 114 LIBERTY STREET.

BOROUGH MANHATTAN ZIP CODE 10006

CORRECT START DATE _____ CORRECT COMPLETION DATE _____

CORRECT ACM QUANTITY: _____ SQUARE FEET, AND/OR _____ LINEAR FEET

Correct Method Of Abatement: _____

Confirmation Of Change(s) Of Date(s) and/ACM Quantity As Noted Above

The undersigned affirms that she/he has been instructed verbally to change or confirm the date(s) and/or ACM quantity, by Ms./Mr. STEVENSON, , who is duly authorized to represent the organization/agency/company/corporation stated in the form ACP-7 regarding the above-noted facility address to be the (Please check one box only):

RECEIVED
JUL 11 2002
DEP BANK
ASBESTOS
PROGRAM
TRUG
2

[ ] Asbestos Abatement Contractor [ ] Building Owner

[ ] Applicant for the asbestos project.

The Undersigned Is Employed by

LAGEN CONTRACTING CORP

Organization/ Agency/ Company/ Corporation

30-51 14TH STR.

Address

718-482.8400

Telephone #

GEORGE KOTSONIS

Print Name

Signature

TRU N4 8/96

Building Facade Clean-up

Work shall be performed by a NYSDOL licensed asbestos contractor with NYCDEP and NYSDOL asbestos certified workers.

The contractor performing the cleaning should be experienced in cleaning building facades.

The clean up area shall be specified ("specified area") by DEP. The area below the façade cleaning shall be covered with a layer of polyethylene sheeting. All debris must be collected for disposal as ACM directly upon removal from the surface. (i.e. All waste must be double bagged in ACM waste labeled bags.) Running water or water runoff on the building façade is not permitted.

Building occupants shall be notified prior to the façade cleaning. Access to the street below the façade cleaning shall be restricted and marked with caution tape. Cleaning shall not be performed during wind speeds greater than 20 mph.

All HVAC systems and air conditioners shall be turned off. All windows shall be closed during the cleaning of the building. Some air conditioners and windows may require sealing with duct tape to prevent water penetration.

> In cases where equipment is rigged from the roof: All clean-up activities on the roof must be completed prior to rigging equipment from the roof.

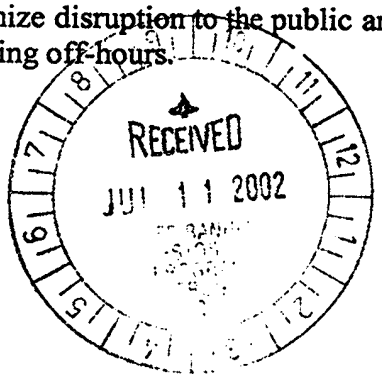
All horizontal surfaces and all windows on the facade shall be cleaned of large bulk material by wetting and hand brushing or scraping with non-metallic bristle brushes or non-metallic scrapers, by wet wiping and/ or by HEPA vacuuming from top to bottom. Only water shall be used for wet wiping and low-pressure washing. Detergents, solvents, additives, and any other chemical cleaning agents are prohibited. The removed material shall be immediately placed into containers (e.g. bags). Windows shall be wet wiped. Free running water shall not be evident during this procedure. Power for HEPA vacuums shall be supplied through ground fault interrupters.

After completion of debris removal, the specified area shall be carefully washed. A low pressure washing technique, moving from top to bottom, shall be employed to minimize water bounce-back. Facades shall be washed with a low-pressure wash not to exceed 250 psi.

At the completion of work, a visual inspection of the abated surfaces and sidewalk shall be performed to verify the absence of visible debris.

Air monitoring shall be performed by an independent NYSDOL licensed third party air monitoring firm with certified workers.

In order to minimize disruption to the public and to the building occupants, it is recommended this work be performed during off-hours.



GEORGE P. KOTSONIS

NYC DEP ASBESTOS CONTROL PROGRAM

EMERGENCY ASBESTOS PROJECT NOTIFICATION (15 RCNY Section 1-56)

E 77/02

Written notification must be received within 48 hours via

a) Asbestos Inspection Report (ACP-7)

b) Cover letter explaining the nature of the emergency

1) Caller's Name: Carl Luckmeedial

Affiliation: DEP

Telephone #: ( )

2) Nature of Emergency: WTC Emergency clean up of building facade.

3) Actual Date and Time of Emergency

4) Method of Asbestos Abatement:

Removal ____ Sq.ft. ____ L. ft. Repair ____ Sq. ft. ____ L. Ft

Encapsulation ____ Sq. ft. ____ L. ft. Clean-up 100 Sq. ft. ____ L. ft.

Enclosure ____ Sq. ft. ____ L. ft.

5) Facility Address: 114 Liberty Street, Manhattan

Owner/Agent: Contact Person ____ Tel. ____

Location of Asbestos Abatement: Façade of Building

6) Asbestos Abatement Contractor:

Name: Green Contracting Corp.

Address:

Telephone #: ( )

7) Starting Date: 7/12/02 Projected Completion Date: 7/12/02

8) Verification by Owner/Agent: (Yes.) No.

Call Taken By: LR

Date: 7/11/02

xc: Enforcement (Urgent).

Form N7 7/93