



U.S. Environmental Protection Agency

23. Response to September 11

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GO

Lower Manhattan Dust Cleanup

**RESIDENTS OF LOWER MANHATTAN:
SIGN UP NOW FOR CLEANUP AND/OR TESTING**



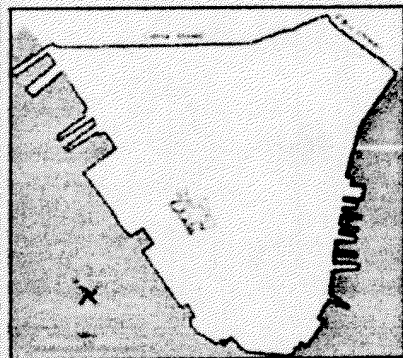
**Regional Administrator Jane M. Kenny
announcing residential cleanup plan.**

Hotline Information
1-877-796-3471

EPA's Dust Cleanup Hotline is available to take requests for cleaning and/or testing from the residents of lower Manhattan. Hotline hours are M-F, 10:00am to 8:00pm and S-S, 10:00am to 5:00pm. You can also [sign up for cleaning and testing electronically from this Web site.](#)

You can register for cleaning and/or testing by electronically submitting your request from this Web site.

Target Cleanup Area
(links to larger version)



E127WTC
EMERGENCYONLY
TYPE IN
DATE
AND
BE
PRINTED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

126217NO2
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. EY
(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 146 CHAMBERS STREET Borough N.Y. Zip 10007
AKA _____ 3. Block 137 4. Lot 33
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name MARDIG KACHIAN RICHARD 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address 146 Chambers St City N.Y. State N.Y. Zip 10007

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
16. Address 3010 BURNS AVE City WANTASH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 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 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/9/02 Projected completion date 9/9/02

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

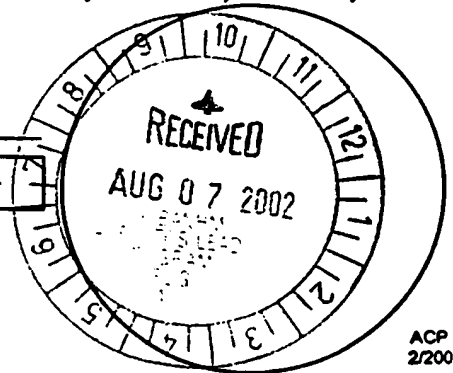
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

3926 Square Feet, and/or _____ Linear Feet

ACP 7
2/2001

DEP
DEPARTMENT OF ENVIRONMENTAL
PROTECTION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
12/97

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
39-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

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 NYCOEP 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 97 CHAMBERS STREET Borough N.Y. Zip 10007
AKA 79-81 READE ST 3. Block 149 4. Lot 12
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name DEE & DEE CHAMBERS STREET 8. Contact Person _____
9. Tel. # (212) 243-5620 Fax # _____
10. Address 97 CHAMBERS ST City N.Y. State N.Y. Zip 10007

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
16. Address 3010 BURNS AVE City WANTASH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 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 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/2/02 Projected completion date 9/2/02

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

Shift from: _____ ☐ am ☐ pm to _____ ☐ 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

7,052 Square Feet, and/or _____ Linear Feet



ACP
2/200

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO NYS DEC Permit # CT-098 Tel. # 800-272-3867
 Disposal Site(s) SOUTHERN ALLEGHENIES, VALLEY LANDFILL

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

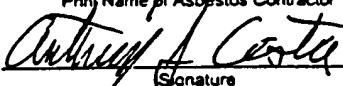
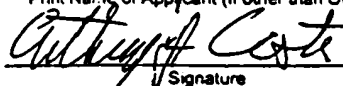
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application Tree 1233 HND2

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	
Roof	(ASPHALT)		7,052		

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.

<u>BOSUN OGUINAKI</u> Print Name of Air Monitor  Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor  Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner)  Signature <u>6-3-02</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.

Alfonso Plungetre [Signature] 8/2/02
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.

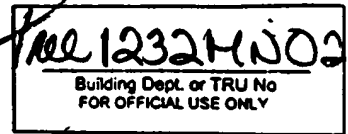
E 120 WTC

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)



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(See fee schedule)

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I. FACILITY

2. Address 45 MURRAY ST Borough N.Y. Zip 10007
AKA _____ 3. Block 133 4. Lot 7
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name LIU CHI TIEN 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address 45 Murray St City N.Y. State N.Y. Zip 10007

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # _____ PII _____ 15. Tel. # 516-781-3000 Fax # 516-781-3085
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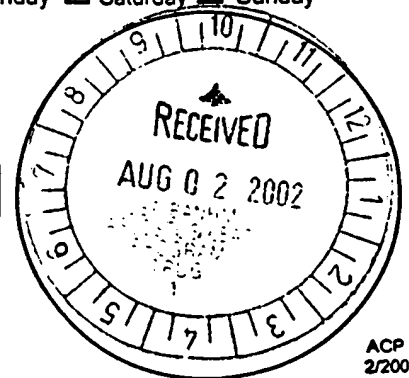
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

2100 Square Feet, and/or _____ Linear Feet



ACP:
2/200

NYC
DEPARTMENT OF ENVIRONMENTAL
PROTECTION
ASBESTOS CONTROL
PROGRAM
18117

ASBESTOS INSPECTION REPORT (continued)

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

TRU 1232 HNO2

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	
<u>FACADE</u>			<u>2100</u>		

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.

<u>BOSUN OGUNAKE</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner) <u>[Signature]</u> Signature <u>6-3-02</u> Date
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ACP1
2/2001