

lysette  
E116 WTC**EMERGENCY**

ACCEPTED



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

**ASBESTOS PROJECT NOTIFICATION**  
**(ASBESTOS INSPECTION REPORT)**

**TRU 12014ND02**  
 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 75 Murray Street Borough N.Y. Zip 10007  
 AKA \_\_\_\_\_ 3. Block \_\_\_\_\_ 4. Lot \_\_\_\_\_  
 5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

**II. BUILDING OWNER**

7. Name GEORGE APRIL BOGARDUS INC. 8. Contact Person Mr. APRIL  
 9. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_  
 10. Address 75, 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. # P11 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 45<sup>th</sup> 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 8/01/02 Projected completion date 8/30/02

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

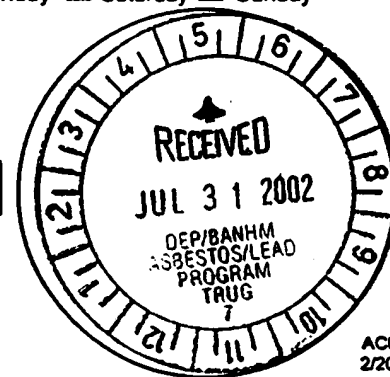
Shift from: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm

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

3,325 Square Feet, and/or \_\_\_\_\_ Linear Feet



ACP 7  
2/2001

DEP  
BUREAU OF ENVIRONMENTAL  
REMEDIATION & CONSTRUCTION  
ASBESTOS CONTROL  
PROGRAM  
18112

**ASBESTOS INSPECTION REPORT (continued)**

26. Asbestos Hauler COGANO 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

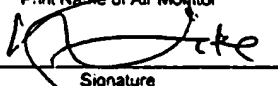
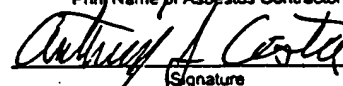
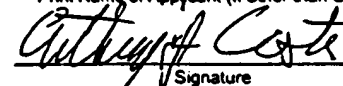
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

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

**30. LOCATIONS OF ABATEMENT**

| Floor(s) | DESCRIBE SECTION OF FLOOR<br>(e.g. entire, east wing, room #, boiler room, lobby, etc.) | AFFECTED SURFACES CONTAINING ACM<br>(e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.) | AMOUNT OF ACM |             | DESCRIPTION OF WORK BEING PERFORMED<br>(e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.) |
|----------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|
|          |                                                                                         |                                                                                                              | SQUARE FEET   | LINEAR FEET |                                                                                                                               |
| Roof     | (Asphalt)                                                                               |                                                                                                              | 1450          |             |                                                                                                                               |
| Facade   |                                                                                         |                                                                                                              | 1875          |             |                                                                                                                               |
|          |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
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|          |                                                                                         |                                                                                                              |               |             |                                                                                                                               |

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

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.

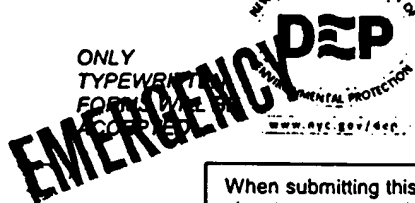
Aphonso Plummer  7/31/02  
Print Name of Owner Signature Date

**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.

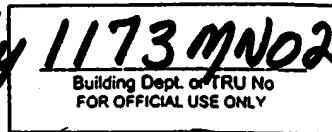
The requirements of the Asbestos Control Program Rules may not be lawfully avoided or lessened through the performance of work in incremental or piecemeal fashion.

E109 WTC



## NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

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

 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 92 LEADE STREET Borough N.Y. Zip \_\_\_\_\_  
 AKA \_\_\_\_\_ 3. Block 146 4. Lot 1  
 5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

## II. BUILDING OWNER

7. Name HERBERT MOSKOWITZ 8. Contact Person Mr. Moskowitz  
 9. Tel. # 212 349-3404 Fax # \_\_\_\_\_  
 10. Address 70 Lafayette St City N.Y. State N.Y. Zip 10013

## 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, LLC 23. NYS DOH ELAP # 11480

## VI. PROJECT INFORMATION

24. Starting date for this portion of work 7/31/02 Projected completion date 8/31/02

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

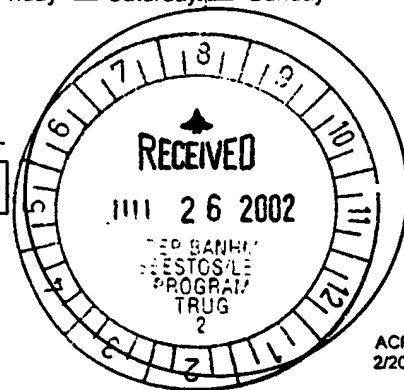
Shift from: \_\_\_\_\_ am \_\_\_\_\_ pm to \_\_\_\_\_ am \_\_\_\_\_ pm

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

1500 Square Feet, and/or \_\_\_\_\_ Linear Feet


 ACP  
 2/200

(1)

**ASBESTOS INSPECTION REPORT (continued)**

26. Asbestos Hauler LOGAN 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

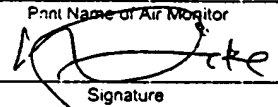
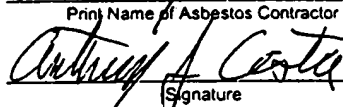
29. ABATEMENT PROCEDURE (Check all appropriate boxes)  
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

**30. LOCATIONS OF ABATEMENT**

| Floor(s) | DESCRIBE SECTION OF FLOOR<br>(e.g. entire, east wing, room #, boiler room, lobby, etc.) | AFFECTED SURFACES CONTAINING ACM<br>(e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.) | AMOUNT OF ACM |             | DESCRIPTION OF WORK BEING PERFORMED<br>(e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.) |
|----------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|
|          |                                                                                         |                                                                                                              | SQUARE FEET   | LINEAR FEET |                                                                                                                               |
| Roof     | ASPHALT                                                                                 |                                                                                                              | 1500          |             |                                                                                                                               |
|          |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
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|          |                                                                                         |                                                                                                              |               |             |                                                                                                                               |

1173 mN02

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

Alfonso Plungetre Antony Costa 7/26/02  
 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.

ACP7  
2/2001

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8<sup>th</sup> 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)

ONLY  
TYPEWRITTEN  
FORMS MAY BE  
USED



**EMERGENCY**

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I. FACILITY

2. Address 94 LEADE STREET Borough N.Y. Zip \_\_\_\_\_  
AKA \_\_\_\_\_ 3. Block 146 4. Lot 2  
5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

II. BUILDING OWNER

7. Name HERBERT MOSKOWITZ 8. Contact Person Mr. MOSKOWITZ  
9. Tel. # (212) 349-3404 Fax # \_\_\_\_\_  
10. Address 70 Lafayette St City N.Y. State N.Y. Zip 10013

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 45<sup>TH</sup> STREET City NEW YORK State NY Zip 10017  
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, LLC 23. NYS DOH ELAP # 11480

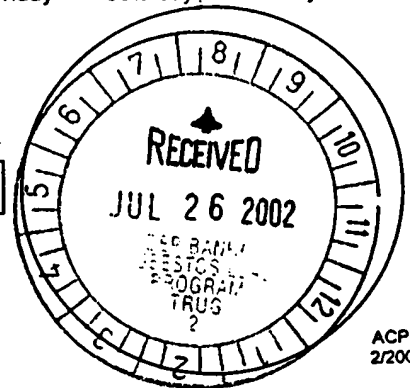
VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/1/02 Projected completion date 8/31/02  
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

2 1500 Square Feet, and/or \_\_\_\_\_ Linear Feet



ACP  
2/20C

NYC DEPT. OF ENVIRONMENTAL PROTECTION  
ASBESTOS CONTROL PROGRAM  
16117

**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

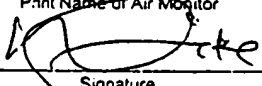
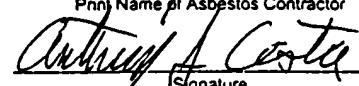
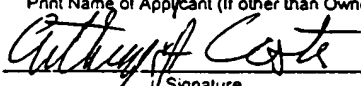
29. ABATEMENT PROCEDURE (Check all appropriate boxes)  
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

**1174 MN02**

**30. LOCATIONS OF ABATEMENT**

| Floor(s) | DESCRIBE SECTION OF FLOOR<br>(e.g. entire, east wing, room #, boiler room, lobby, etc.) | AFFECTED SURFACES CONTAINING ACM<br>(e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.) | AMOUNT OF ACM |             | DESCRIPTION OF WORK BEING PERFORMED<br>(e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.) |
|----------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|
|          |                                                                                         |                                                                                                              | SQUARE FEET   | LINEAR FEET |                                                                                                                               |
| Roof     | Asphalt                                                                                 |                                                                                                              | 1500          |             |                                                                                                                               |
|          |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
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|          |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                         |                                                                                                              |               |             |                                                                                                                               |

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

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.

Alphonso Plumptre  7/26/02  
Print Name of Owner Signature Date

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**E108WTC**  
**EMERGENCY**  
ONLY  
TYPEWRITTEN  
FORM WILL BE  
ACCEPTED



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

**ASBESTOS PROJECT NOTIFICATION**  
**(ASBESTOS INSPECTION REPORT)**



1. Dep  
(See fee schedule)

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**I. FACILITY**

2. Address 92-94 WARREN STREET Borough MC Zip 10007  
AKA \_\_\_\_\_ 3. Block 137 4. Lot 13  
5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

**II. BUILDING OWNER**

7. Name BUCHBINDER & WARREN LLC 8. Contact Person DIANA MADDEN  
9. Tel. # 212 243-6722 Fax # 212 645-0985  
10. Address PII City N.Y. State N.Y. Zip 10003

**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 WANTAGH State NY Zip 11793

**V. THIRD PARTY AIR MONITOR**

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19. Federal Employer ID. # \_\_\_\_\_ 20. Tel. # 212-922-0077 Fax # 212-922-0630  
21. Address 228 EAST 45<sup>TH</sup> 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 7/29/02 Projected completion date 8/29/02

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.

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8650 Square Feet, and/or \_\_\_\_\_ Linear Feet



ACP 7  
2/2001

U.S. P.  
BUREAU OF ENVIRONMENTAL  
RECLAMATION & ENVIRONMENTAL  
ASBESTOS CONTROL  
PROGRAM  
18112

①

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) \_\_\_\_\_

☐ Removal      ☐ Enclosure      ☐ Encapsulation      ☐ Repair      ☐ Clean up

☐ Full Containment    ☐ Glovebag    ☐ Tent    ☐ DEP Variance Application

[illegible]

|                                                                                                                                     |                                                                                                                                         |                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Boston Guardian</u><br/>Print Name of Air Monitor</p> <p><u>[Signature]</u><br/>Signature</p> <p><u>06-03-02</u><br/>Date</p> | <p><u>Anthony Costa</u><br/>Print Name of Asbestos Contractor</p> <p><u>[Signature]</u><br/>Signature</p> <p><u>6-3-02</u><br/>Date</p> | <p><u>Anthony Costa</u><br/>Print Name of Applicant (If other than Owner)</p> <p><u>[Signature]</u><br/>Signature</p> <p><u>6-3-02</u><br/>Date</p> |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

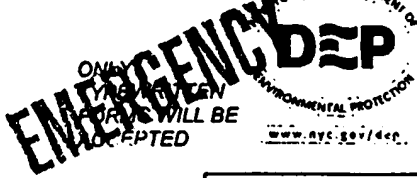
ing of this notification for the work specified herein.

Alfonso Plungetre Signature 7/25/02  
Print Name of Owner Date

Any modification of information provided on this form must be reported immediately in writing directly to the NYC D5P ACP.

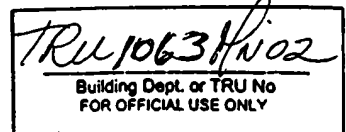
ACP7  
2/2001

#092WTC



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

ASBESTOS PROJECT NOTIFICATION  
(ASBESTOS INSPECTION REPORT)



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 111 READE STREET Borough N.Y. Zip 10013  
AKA \_\_\_\_\_ 3. Block 145 4. Lot 16  
5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

II. BUILDING OWNER

7. Name STAR OF DAVID ASSOC 8. Contact Person \_\_\_\_\_  
9. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_  
10. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 45<sup>TH</sup> STREET City NEW YORK State NY Zip 10017  
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, LLC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 7/10/02 Projected completion date 8/14/02

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

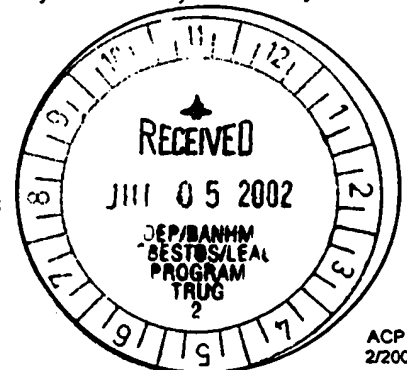
Shift from: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm

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

3948 Square Feet, and/or \_\_\_\_\_ Linear Feet



NYC DEPT OF ENVIRONMENTAL  
REMEDIAL ACTION & ENFORCEMENT  
ASBESTOS CONTROL  
PROGRAM  
18117

**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)**

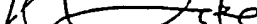
- ☐ Full Containment    ☐ Glovebag    ☐ Tent    ☐ DEP Variance Application

TPL 1036 MNOZ

### 30. LOCATIONS OF ABATEMENT

[illegible]

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

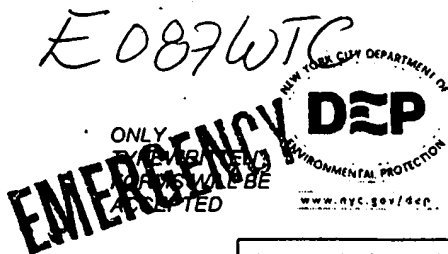
filing of this notification for the work specified herein.

A. P. [Signature] \_\_\_\_\_  
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.



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor, Corona, NY 11368-5107  
**ASBESTOS PROJECT NOTIFICATION**  
(ASBESTOS INSPECTION REPORT)

1039M02  
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 54, WARREN STREET Borough N.Y Zip 10007  
AKA \_\_\_\_\_ 3. Block \_\_\_\_\_ 4. Lot \_\_\_\_\_  
5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

**II. BUILDING OWNER**

7. Name 54 WARREN STREET LLC 8. Contact Person IAN BEHAR  
9. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_  
10. Address 1385 W. BROADWAY City N.Y State N.Y Zip 10018

**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 11293

**V. THIRD PARTY AIR MONITOR**

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN  
19. Federal Employer ID. # PII 20. Tel. # 212-922-0077 Fax # 212-922-0630  
21. Address 228 EKT 45<sup>th</sup> STREET City NEW YORK State NY Zip 10017  
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, LLC 23. NYS DOH ELAP # 11480

**VI. PROJECT INFORMATION**

24. Starting date for this portion of work 7/10/02 Projected completion date 8/20/02

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  
3910 Square Feet, and/or \_\_\_\_\_ Linear Feet

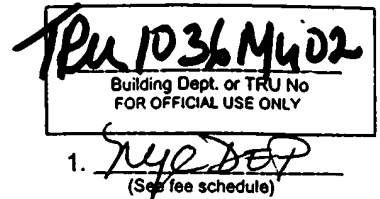


ACP 7  
2/2001





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor, Corona, NY 11368-5107  
**ASBESTOS PROJECT NOTIFICATION**  
(ASBESTOS INSPECTION REPORT)



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 41 MURRAY STREET Borough N.Y. Zip 10007  
AKA 43 MURRAY ST 3. Block \_\_\_\_\_ 4. Lot \_\_\_\_\_  
5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

**II. BUILDING OWNER**

7. Name ANDREWS BUILDING CORP. 8. Contact Person \_\_\_\_\_  
9. Tel. # (212) 529-5688 Fax # \_\_\_\_\_  
10. Address 382 LAFAYETTE ST City N.Y. State N.Y. Zip 10003

**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. # PII 20. Tel. # 212-922-0077 Fax # 212-922-0630  
21. Address 228 EAST 45<sup>th</sup> 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 7/5/02 Projected completion date 8/5/02

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

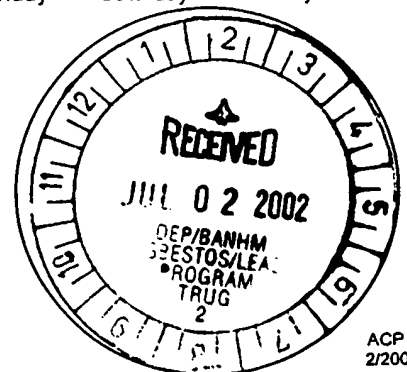
Shift from: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm

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

3525 Square Feet, and/or \_\_\_\_\_ Linear Feet



DEP  
BUREAU OF ENVIRONMENTAL  
REGULATION & ENFORCEMENT  
ASBESTOS CONTROL  
PROGRAM  
TRUG  
10112

**ASBESTOS INSPECTION REPORT (continued)**

26. Asbestos Hauler COGANO 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)

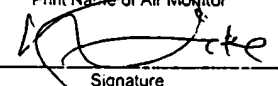
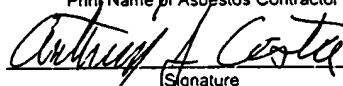
- ☐ Full Containment      ☐ Glovebag      ☐ Tent      ☐ DEP Variance Application

**30. LOCATIONS OF ABATEMENT**

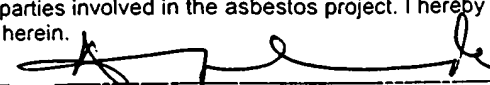
*TR 10364u02*

| Floor(s) | DESCRIBE SECTION OF FLOOR<br>(e.g. entire, east wing, room #, boiler room, lobby, etc) | AFFECTED SURFACES CONTAINING ACM<br>(e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.) | AMOUNT OF ACM |             | DESCRIPTION OF WORK BEING PERFORMED<br>(e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.) |
|----------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|
|          |                                                                                        |                                                                                                              | SQUARE FEET   | LINEAR FEET |                                                                                                                               |
| FACADE   | ENTIRE                                                                                 |                                                                                                              | 3525          |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |

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

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.

A.P.  \_\_\_\_\_  
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.

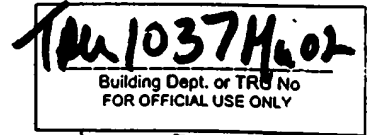
E085WTC



ONLY  
TYPEWRITTEN  
FORMS WILL BE  
ACCEPTED

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

**ASBESTOS PROJECT NOTIFICATION**  
(ASBESTOS INSPECTION REPORT)



1. NYCDEP  
(See fee schedule)

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**I. FACILITY**

2. Address 26 WARREN ST Borough N.Y Zip 10007  
AKA \_\_\_\_\_ 3. Block \_\_\_\_\_ 4. Lot \_\_\_\_\_  
5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

**II. BUILDING OWNER**

7. Name CAROL LONG 8. Contact Person PII  
9. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_  
10. Address \_\_\_\_\_ City BROOKLYN State N.Y Zip 11201

**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. # PII 20. Tel. # 212-922-0077 Fax # 212-922-0630  
21. Address 228 EAST 45<sup>TH</sup> 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 7/10/02 Projected completion date 8/20/02

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

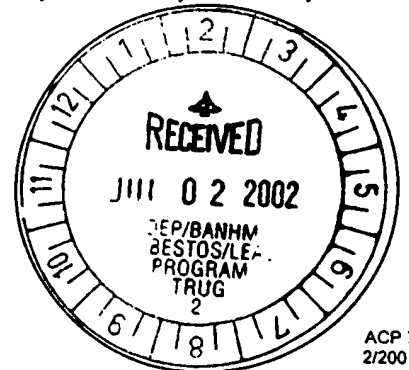
Shift from: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm

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

4342 Square Feet, and/or \_\_\_\_\_ Linear Feet



ACP 7  
2/2001

DEP  
BUREAU OF ENVIRONMENTAL  
REMEDIATION & ENFORCEMENT  
ASBESTOS CONTROL  
PROGRAM  
10/1/02

**ASBESTOS INSPECTION REPORT (continued)**

26. Asbestos Hauler COGANO 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

**30. LOCATIONS OF ABATEMENT**

| Floor(s)      | DESCRIBE SECTION OF FLOOR<br>(e.g. entire, east wing, room #, boiler room, lobby, etc.) | AFFECTED SURFACES CONTAINING ACM<br>(e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.) | AMOUNT OF ACM |             | DESCRIPTION OF WORK BEING PERFORMED<br>(e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.) |
|---------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|
|               |                                                                                         |                                                                                                              | SQUARE FEET   | LINEAR FEET |                                                                                                                               |
| <u>FACADE</u> | <u>ENTIRE</u>                                                                           |                                                                                                              | <u>1950</u>   |             |                                                                                                                               |
| <u>Roof</u>   | <u>ENTIRE</u>                                                                           | <u>ASPHALT</u>                                                                                               | <u>2392</u>   |             |                                                                                                                               |
|               |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
|               |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
|               |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
|               |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
|               |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
|               |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
|               |                                                                                         |                                                                                                              |               |             |                                                                                                                               |
|               |                                                                                         |                                                                                                              |               |             |                                                                                                                               |

*True 10374002*

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

A.P.      [Signature]      \_\_\_\_\_  
 Print Name of Owner      Signature      Date

**A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.**

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E086411  
**EMERGENCY**  
 PREWRITTEN  
 FORMS WILL BE  
 ACCEPTED



# NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

## ASBESTOS PROJECT NOTIFICATION (ASBESTOS INSPECTION REPORT)

TRU 10384402  
 Building Dept. or TRU No  
 FOR OFFICIAL USE ONLY

1. NYCDEP  
 (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 53 WARREN STREET Borough N.Y. Zip 10007  
 AKA \_\_\_\_\_ 3. Block \_\_\_\_\_ 4. Lot \_\_\_\_\_  
 5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

### II. BUILDING OWNER

7. Name F. PFEIFER CORP 8. Contact Person \_\_\_\_\_  
 9. Tel. # 212 964-5230 Fax # \_\_\_\_\_  
 10. Address 53 WARREN STREET 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 11293

### 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 45<sup>TH</sup> 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 7/10/02 Projected completion date 8/20/02  
 Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

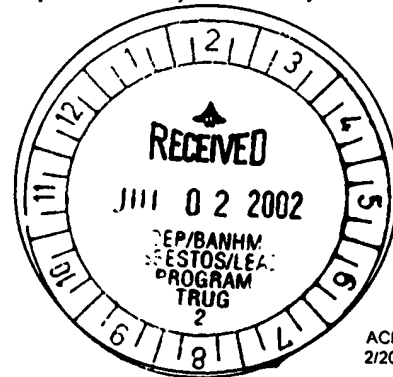
Shift from: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm

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

3552 Square Feet, and/or \_\_\_\_\_ Linear Feet



ACP 7  
 2/2001

DEP  
 BUREAU OF ENVIRONMENTAL  
 REGULATION & ENFORCEMENT  
 ASBESTOS CONTROL  
 PROGRAM  
 TRU 1



# NOTICE OF DEBRIS ABATEMENT

**THE NYCDEP HAS SCHEDULED THIS BUILDING FOR CLEANING OF EXTERIOR SURFACES (ROOF, FACADE, SETBACKS AND/OR OTHER SURFACES)**

**ABATEMENT METHOD: HEPA VACUUMING & WET WIPING**

**CONTRACTOR: BENJAMIN KURZBAN & SON**

**START DATE:**

**ESTIMATED END DATE:**

**FOR ADDITIONAL INFORMATION OR TO REPORT ANY PROBLEMS,  
PLEASE CALL **NYCDEP** AT (718) 595-3682 (M-F 8 AM TO 4 PM)  
OR (718) DEP-HELP (AT OTHER TIMES)**