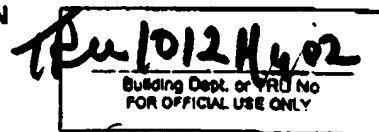


E079WTC

EMERGENCYTYPEWRITTEN
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 PRU No.
FOR OFFICIAL USE ONLY1. 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. FACILITY2. Address 154 CHAMBERS STREET Borough N.Y. Zip 10007AKA _____ 3. Block 137 4. Lot 29

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

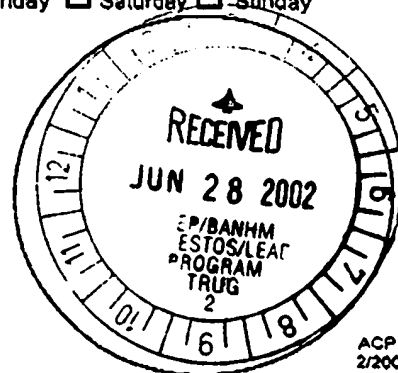
II. BUILDING OWNER7. Name CHAMBERS House partners LLC Contact Person _____9. Tel. # (212) 406-4350 Fax # _____10. Address 154 Chambers St City N.Y. State N.Y. Zip 10007**III. GENERAL CONTRACTOR**

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR12. Name FIBER CONTROL 13. Contact Person TONY COSTA14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-308516. 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 NOLAN19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-063021. Address 228 EAST 45th STREET City NEW YORK State NY Zip 1001722. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, LLC 23. NYS DOH ELAP # 11480**VI. PROJECT INFORMATION**24. Starting date for this portion of work 7/12/02 Projected completion date 8/15/02Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ SundayShift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pmIf 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

1800 Square Feet, and/or _____ Linear FeetACP 7
2/2001BUREAU OF ENVIRONMENTAL
CONTAMINATION & SAFETY
ASBESTOS CONTROL
PROGRAM
TRUG 2



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

Building Dept. or TRU No
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ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1. _____
 (See fee schedule)

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I. FACILITY

2. Address 154 CHAMBERS STREET Borough N.Y. - 10007
 AKA _____ 3. Bloc _____
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name CHAMBERS HOUSE PARTNERS, LLC 8. Contact _____
 9. Tel. # (212) 406-4250 Fax # _____
 10. Address 154, CHAMBERS STREET City N.Y.

III. GENERAL CONTRACTOR

11. Name _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact _____
 14. Federal Employer ID. # P11 15. Tel. # 516-781-3000 Fax # _____
 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 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 _____ Projected completion date _____

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

1800 Square Feet, and/or _____ Linear Feet

BUREAU OF ENVIRONMENTAL
 REMEDIATION & ENFORCEMENT
 ASBESTOS CONTROL
 PROGRAM
 10/17

ACP 7
 2/2001



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
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www.nyc.gov/dep

1. _____
 (See fee schedule)

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I. FACILITY

2. Address 154 CHAMBERS STREET Borough N.Y. Zip 10007
 AKA _____ 3. Block _____ 4. Lot _____
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name CHAMBERS HOUSE PARTNERS, LLC 8. Contact Person HISAKO RESNICK
 9. Tel. # (212) 406-4250 Fax # _____
 10. Address 154, CHAMBERS 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
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1800 Square Feet, and/or _____ Linear Feet

U.S.P.
 BUREAU OF ENVIRONMENTAL
 CONSERVATION
 ASBESTOS CONTROL
 PROGRAM
 10/1/9

ACP 7
 2/2001

