#128WTC

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)

1AL126GHNC2
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. LEP (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 196 BROADWAY Borough MAN Zip

AKA 3. Block 79 4. Lot 16

5. Type of Facility COMMERCIAL 6. Name of Building

II. BUILDING OWNER

7. Name 8. Contact Person

9. Tel. # Fax #

10. Address City State Zip

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 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 23. NYS DOH ELAP #

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: 8 ☒ am ☐ pm to 8 ☐ am ☒ pm

If other, specify

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

RECEIVED AUG 08 2002 ASBESTOS LEAD PROGRAM

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

32775 Square Feet, and/or 0 Linear Feet

BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 2

ACP 2/200

2

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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 ROOF MATERIAL : ROOF MEMBRANE

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.)
ROOF		ROOF SURFACE	8360		INCLUDES HIGH LEDGE
SET-BACK		ROOF SURFACE	1990		
"		A/C UNITS, DUCTS & METAL SURFACES	8500		
"		PARAPET WALLS	500		
FACADE	WEST	FACADE SURFACE	2650		
"	EAST	FACADE SURFACE	2915		
"	WALL ADJACENT TO EAST FACADE	WALL SURFACE	560		
"	WALL WITH FIRE ESCAPES	WALL SURFACE	4200		
"		FIRE ESCAPES	2050		
"		AWNINGS	1050		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS	B. KURZBAN & SON CONTROL INC	
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
07-26-02	07-26-02	
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.

Print Name of Owner	Signature NYC DEP	07-26-02 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

129WTC

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)

1111270MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. _____ (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 11 JOHN STREET Borough MN Zip 10038

AKA _____ 3. Block 79 4. Lot 15

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

II. BUILDING OWNER

7. Name COLLEGIATE CHURCH CORP. 8. Contact Person _____

9. Tel. # (212) 233-1960 Fax # _____

10. Address 45 JOHN STREET City NEW YORK State NY Zip 10038

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL INC. 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS INC. 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 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 _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/11/02 Projected completion date 9/11/02

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

Shift from: 8⁰⁰ ☒ am ☐ pm to 8⁰⁰ ☐ am ☒ pm

If other, specify _____

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

RECEIVED
AUG 08 2002
DEP BUREAU OF ENVIRONMENTAL INVESTIGATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM
AUG 1

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

8300 Square Feet, and/or 0 Linear Feet

DEP BUREAU OF ENVIRONMENTAL INVESTIGATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM

ACP 7
2/2000

2

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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 (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	JOHN ST. FACADE	FACADE SURFACES	8300		3RD FLOOR TO STREET

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS	B. KURZBAN & SON CONTROL	
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
07-12-02	07-12-02	
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.

	NYC DEP	07-12-02
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

E126WTC

EMERGENCY

ONLY HANDWRITTEN FORMS WILL BE ACCEPTED

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

TRU1259MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1. 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 204 BROADWAY Borough MAN Zip 10038

AKA _____ 3. Block _____ 4. Lot _____

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

II. BUILDING OWNER

7. Name COLLEGIATE CHURCH 8. Contact Person D. RIVNAR

9. Tel. # (212) 233-1960 Fax # _____

10. Address 45 JOHN STREET City NEW YORK State NY Zip 10038

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL INC. 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 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 _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 08-07-02 Projected completion date 09-07-02

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

Shift from: 8:00 ☒ am ☐ pm to 6:00 ☐ am ☒ pm

If other, specify _____

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

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

12330 Square Feet, and/or 0 Linear Feet

RECEIVED
AUG 07 2002
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STOS/LEAD
GRAM
TRUG
1

ACP
2/20C

BUREAU OF ENVIRONMENTAL ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 2

2

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUERIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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

TAR 1259 MN

30. **LOCATIONS OF ABATEMENT** ROOF MATERIAL: ROOF MEMBRANE (TAR)

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.)
ROOF		ROOF SURFACE	11826		INCLUDES METAL SURFACES
"		BULKHEAD WALLS	504		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS	BENJAMIN KURZBAN & SON CONTROL	
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
08/06/02	08/06/02	
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.

	NYC DEP	08/06/02
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

E125 WTC

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DEP

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

TRU1245MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 164 WILLIAM STREET Borough MN Zip 10038

AKA _____ 3. Block 93 4. Lot 24

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

II. BUILDING OWNER

7. Name SALVATORE POLITO 8. Contact Person _____

9. Tel. # PII Fax # _____

10. Address PII City WHITE STONE State NY Zip 11357

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL INC 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 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 _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 08/04/02 Projected completion date 09/04/02

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

Shift from: 8⁰⁰ ☒ am ☐ pm to 8⁰⁰ ☐ am ☒ pm

If other, specify _____

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

RECEIVED
AUG 05 2002
BANIHM
ASB/LEAD
PROGRAM
TRUG
1

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

2230 Square Feet, and/or 0 Linear Feet

ACP
2/20(

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ - 462 Tel.# (718) 522-2263

Disposal Site(s) BLUERIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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 (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	WEST	FACADE SURFACE	1430		
"		FIRE ESCAPES (4)	200		
"		AWNINGS	300		
"		STORE FRONT	300		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS Print Name of Air Monitor	BENJAMIN KUCZBAN & SON CONTROL Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
08/02/02 Date	08/02/02 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.

Print Name of Owner

Signature NYC DEP

08/02/02
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

E122 WTC

EMERGENCY DEP — ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED — NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION — www.nyc.gov/dep

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Tbl 124/2HN02
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 15 JOHN STREET Borough MAN Zip

AKA 3. Block 79 4. Lot 14

5. Type of Facility 6. Name of Building

II. BUILDING OWNER

7. Name 8. Contact Person

9. Tel. # Fax #

10. Address City State Zip

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SOIL CONTROL 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 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 23. NYS DOH ELAP #

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/5/02 Projected completion date 9/5/02

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

Shift from: 8 ☒ am ☐ pm to 8 ☐ am ☒ pm

If other, specify

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

RECEIVED AUG 02 2002 ... ASBESTOS/LEAD PROGRAM TRUG 1

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

27000 Square Feet, and/or 0 Linear Feet

DEP BUREAU OF ENVIRONMENTAL COMPLIANCE ... ASBESTOS CONTROL PROGRAM

ACP 2/200

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler TESI, NY NYS DEC Permit # NJ-462 Tel.# (118)522-2263

Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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

TRU1242HN02

30. **LOCATIONS OF ABATEMENT** ROOF MATERIAL: ROOF MEMBRANE

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	FACADE SURFACES	3780		
"	NORTH	" "	3375		
"	WEST	" "	10080		
"	EAST	WINDOWS & LEDGES	350		
ROOF		ROOF SURFACE	2688		
SET BACK	ROOF	ROOF SURFACE	405		
		FIRE ESCAPES	700		
ROOF		PARAPETS & BULKHEADS	2940		
		A/C UNITS & METAL & BAGS	2400		
		STOOP FRONTS & AWNINGS	282		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS Print Name of Air Monitor	B. KURZBAN & SON CONTROL Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
07-26-02 Date	07-26-02 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.

Print Name of Owner — Signature NYC DEP — 07-26-02 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

E124 WTC

EMERGENCY

ONLY HAND WRITTEN FORMS WILL BE ACCEPTED

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION

www.nyc.gov/dep

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 202 BROADWAY Borough MAN Zip

AKA 3. Block 79 4. Lot 19

5. Type of Facility COMMERCIAL 6. Name of Building

II. BUILDING OWNER

7. Name 8. Contact Person

9. Tel. # Fax #

10. Address City State Zip

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630

21. Address 226 EAST 45TH STREET City NEW YORK State NY Zip 10017

22. Sample Analysis Laboratory 23. NYS DOH ELAP #

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/5/02 Projected completion date 9/5/02

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

Shift from: 8 ☒ am ☐ pm to 8 ☐ am ☒ pm

If other, specify

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

RECEIVED AUG 02 2002 ASBESTOS CONTROL PROGRAM TRU 1

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

14550 Square Feet, and/or 0 Linear Feet

ACP 7
2/2000

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE, PA 17254

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

TRU1244HN02

30. **LOCATIONS OF ABATEMENT** ROOF MATERIAL: ROOF MEMBRANE

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.)
ROOF		ROOF SURFACE	9350		
"		METAL SURFACES	3000		
FACADE	WEST FACADE	FACADE SURFACES	2200		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS Print Name of Air Monitor	B. KURZBAN & SON CONTRACTING Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
07-26-02 Date	07-26-02 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.

Print Name of Owner	NYC DEP Signature	07-26-02 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

E123WTC

EMERGENCY — ONLY HANDWRITTEN FORMS WILL BE ACCEPTED

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION — DEP — www.nyc.gov/dep

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU 1243-N02
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 198 BROADWAY Borough MN Zip

AKA 3. Block 79 4. Lot 18

5. Type of Facility COMMERCIAL 6. Name of Building

II. BUILDING OWNER

7. Name COLLEGIATE CHURCH CORP. 8. Contact Person

9. Tel. # (212) 233-1960 Fax #

10. Address 45 JOHN STREET City NEW YORK State NY Zip 10038

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL INC 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718)531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS INC. 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630

21. Address 226 EAST 45TH STREET City NEW YORK State NY Zip 10017

22. Sample Analysis Laboratory 23. NYS DOH ELAP #

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/5/02 Projected completion date 9/5/02

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

Shift from: 8:00 ☒ am ☐ pm to 8:00 ☐ am ☒ pm

If other, specify

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

RECEIVED AUG 02 2002

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

2488 Square Feet, and/or 0 Linear Feet

ACP 2/2000

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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

TRR1243MN(

30. LOCATIONS OF ABATEMENT ROOF SURFACE: ROOF MEMBRANE (TAR)

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.)
ROOF	PARTIAL ROOF	ROOF SURFACE	2088		MIDDLE SECTION OF ROOF
		METAL SUPPORTS	400		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS Print Name of Air Monitor	B. KURZBAN & SON CONTROL Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
07-12-02 Date	07-12-02 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.

Print Name of Owner	Signature NYC DEP	07-12-02 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

E106WTC

EMERGENCY

ONLY TYPEWRITTEN ASBESTOS WILL BE ACCEPTED

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION DEP www.nyc.gov/dep

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU 1150MN02
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 102-104 FULTON STREET Borough MN Zip 10038

AKA _____ 3. Block 78 4. Lot 21

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

II. BUILDING OWNER

7. Name LEGACY FULTON STREET CORP. 8. Contact Person YAIR LIVY

9. Tel. # (516) 466-4992 Fax # (516) 466-4952

10. Address 111 GREAT NECK ROAD SUITE 205 City GREAT NECK State NY Zip 11021

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 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 _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 07/22/02 Projected completion date 08/22/02

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

Shift from: 8^00 ☒ am ☐ pm to 8^00 ☐ am ☒ pm

If other, specify _____

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

RECEIVED
JUL 22 2002
ASBESTOS PROGRAM TRU 2

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

5090 Square Feet, and/or 0 Linear Feet

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

ACP 7
2/2001

(2)

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE, PA 17254

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

TRE1150MN02

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	NORTH FACADE	FACADE SURFACE	5090		ALL FACADE SURFACES

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN ⅊ PANZER ENGINEERS Print Name of Air Monitor	B. KURZBAN ⅊ SON CONTROL INC. Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
07-19-02 Date	07-19-02 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.

Print Name of Owner

NYC DEP
Signature

07-19-02
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

E10 WTC **EMERGENCY**

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

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

www.nyc.gov/dep

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU 115IMN02
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 211 Broadway Borough Manhattan Zip 10038

AKA St. Paul's Church 3. Block ____ 4. Lot ____

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

II. BUILDING OWNER

7. Name TRINITY CHURCH 8. Contact Person Domenick Iuliani

9. Tel. # 212 602 9670 Fax # ____

10. Address 74 Trinity Pl City NY State NY Zip 10006

III. GENERAL CONTRACTOR

11. Name ____ Tel. # ____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Trio Asbestos Removal Corp. 13. Contact Person Chris Horan

14. Federal Employer ID. # PII 15. Tel. # 718-961-4100 Fax # 718-961-4103

16. Address 14-20 129th Street City College Point State NY Zip 11356

V. THIRD PARTY AIR MONITOR

17. Name Warren & Panzer Engineers, P.C. 18. Contact Person Michael Nolan

19. Federal Employer ID. # ____ 20. Tel. # 212-922-0077 Fax # 212-922-0630

21. Address 228 East 45th Street City New York State NY Zip 10017

22. Sample Analysis Laboratory Warren & Panzer Engineers 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 7/20/02 Projected completion date 7/21/02

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

Shift from: 8 ☒ am ☐ pm to 8 ☐ am ☒ pm

If other, specify ____

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

RECEIVED JUL 22 2002

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

24,300 Square Feet, and/or ____ Linear Feet

ACP 7
2/2001

(2)

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Asbestos Transportation Co. NYS DEC Permit # 1A-371 TEL.# 631-924-5050

Disposal Site(s) Imperial/POB 47, 11 Boggs Rd., PA: Southern Alleghenies Valleyview Dr., PA

27. This asbestos abatement is part of a (Item a through e requires filing of this form with NYC Department of Buildings)

a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration

e) ☐ Fireproofing Replacement f) ☐ Other (Describe) _____

28. TYPE OF ABATEMENT (Check all appropriate boxes)

☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)

☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

TRILISIHNO2

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	Item No. 8	Facades	24300		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

Warren & Panzer	Trio Asbestos Rvl.Crp.	NYC
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
Date 7/11/02	Date 7/16/02	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.

c/o NYC		7/29/02
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

EIDSWTC

EMERGENCY

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

TRU 1144 9/4/02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1. NYCDEP (See fee schedule)

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

www.nyc.gov/dep

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 10 Maiden Lane Borough Manhattan Zip 10005

AKA _____ 3. Block 64 4. Lot 21

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

II. BUILDING OWNER

7. Name Lillian Seril c/o LPB Mgmt. Co. 8. Contact Person _____

9. Tel. # _____ Fax # _____

10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Trio Asbestos Removal Corp. 13. Contact Person Chris Horan

14. Federal Employer ID. # PII 15. Tel. # 718-961-4100 Fax # 718-961-4103

16. Address 14-20 129th Street City College Point State NY Zip 11356

V. THIRD PARTY AIR MONITOR

17. Name Warren & Panzer Engineers, P.C. 18. Contact Person Michael Nolan

19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630

21. Address 228 East 45th Street City New York State NY Zip 10017

22. Sample Analysis Laboratory Warren & Panzer Engineers 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

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

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

Shift from: 8 ☒am ☐pm to 8 ☐am ☒pm

If other, specify _____

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

RECEIVED
JUL 19 2002
EP/BANHM
ASBESTOS/LE
PROGRAM
TRUG 2

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

13,500 Square Feet, and/or _____ Linear Feet

ACP 7
2/2001

(3)

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Asbestos Transportation Co. NYS DEC Permit # 1A-371 TEL.# 631-924-5050

Disposal Site(s) Imperial/POB 47, 11 Boggs Rd., PA: Southern Alleghenies Valleyview Dr., PA

27. This asbestos abatement is part of a (Item a through e requires filing of this form with NYC Department of Buildings)

a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration

e) ☐ Fireproofing Replacement f) ☐ Other (Describe) _____

28. TYPE OF ABATEMENT (Check all appropriate boxes)

☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)

☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

1144 mod 02

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.)
Roof	Item No. 3	Roofs/Setbacks	6,000		
Facade	Item No. 8	North/South Facades	7,500		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

Warren & Panzer	Trio Asbestos Rvl.Crp.	NYC
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
7/18/02	7/18/02	7/18/02
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.

Lillian Seril c/o LPB Mgmt Co. c/o NYC		7/18/02
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

E101 WTC

EMERGENCY

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)

Tal112IMN02
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 182 BROADWAY Borough MN Zip

AKA 2 JOHN STREET 3. Block 65 4. Lot 19

5. Type of Facility COMMERCIAL 6. Name of Building

II. BUILDING OWNER

7. Name GOTHAM ESTATES 8. Contact Person RICHARD MARCUS

9. Tel. # Fax #

10. Address City State Zip

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS INC. 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 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 23. NYS DOH ELAP #

VI. PROJECT INFORMATION

24. Starting date for this portion of work 7/21/02 Projected completion date 8/21/02

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

Shift from: 8:00 ☒ am ☐ pm to 8:00 ☐ am ☒ pm

If other, specify

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

RECEIVED
JUL 17 2002
DEP/BANHM
ASBESTOS/LEAD
PROGRAM
TRJG
2

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

23227 Square Feet, and/or 0 Linear Feet

ACP
2/200

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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 ROOF MATERIAL: ROOF MEMBRANE (TAR)

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.)
ROOF		ROOF SURFACE	7188		ALL ROOF SURFACES
		BULK HEAD	1092		
		PARAPET	1237		
		A/C & DUCTS	1900		ALL
		FIRE ESCAPE & CAGE	450		
FACADE		INTERIOR FACADES	6590		
11	WEST FACADE	FACADE SURFACE	2730		
4	NORTH FACADE	FACADE SURFACE	2040		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS Print Name of Air Monitor	B. KURZBAN & SON CONTROL Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
07-12-02 Date	07-12-02 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.

Print Name of Owner

NYC DEP
Signature

07-12-02
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

E101 WTC

EMERGENCY

ONLY TYPEWRITTEN FORMS MAY BE ACCEPTED

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION

www.nyc.gov/dep

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Tau1121HN02
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 182 BROADWAY Borough MN Zip

AKA 2 JOHN STREET 3. Block 65 4. Lot 19

5. Type of Facility COMMERCIAL 6. Name of Building

II. BUILDING OWNER

7. Name GOTHAM ESTATES 8. Contact Person RICHARD MARCUS

9. Tel. # Fax #

10. Address City State Zip

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KUBZBAN & SON CONTROL 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS INC. 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 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 23. NYS DOH ELAP #

VI. PROJECT INFORMATION

24. Starting date for this portion of work 7/21/02 Projected completion date 8/21/02

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

Shift from: 8^00 ☒ am ☐ pm to 8^00 ☐ am ☒ pm

If other, specify

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

RECEIVED
JUL 17 2002
ASBESTOS/LEAD PROGRAM
TRUG 2

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

2322T Square Feet, and/or 0 Linear Feet

ACP 2/200

(2)

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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** ROOF MATERIAL: ROOF MEMBRANE (TAR)

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.)
ROOF		ROOF SURFACE	7188		ALL ROOF SURFACES
		BULK HEAD	1092		
		PARAPET	1237		
		A/C & DUCTS	1900		ALL
		FIRE ESCAPE & CAGE	450		
FACADE		INTERIOR FACADES	6590		
11	WEST FACADE	FACADE SURFACE	2730		
4	NORTH FACADE	FACADE SURFACE	2040		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS Print Name of Air Monitor	B. KURZBAN & SON CONTROL Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
07-12-02 Date	07-12-02 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.

Print Name of Owner	NYC DEP Signature	07-12-02 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

E09946TP

EMERGENCY
DEP WRITTEN FORMS WILL BE ACCEPTED

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DEP
www.nyc.gov/dep

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU 1109 Mn02
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 111 FULTON STREET Borough MN Zip

AKA 151 WILLIAM STREET 60 ANN STREET 3. Block 4. Lot

5. Type of Facility COMMERCIAL 6. Name of Building

II. BUILDING OWNER

7. Name 224 W 30 LLC DBA 151 WILLIAM OPERATING LLC 8. Contact Person SUSAN DONOHUE

9. Tel. # (212)924-9690 EXT 207 Fax #

10. Address 111 FULTON STREET City NEW YORK State NY Zip

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL INC 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS INC. 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 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 23. NYS DOH ELAP #

VI. PROJECT INFORMATION

24. Starting date for this portion of work 07/13/02 Projected completion date 08/13/02

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

Shift from: 8^00 ☒ am ☐ pm to 8^00 ☐ am ☒ pm

If other, specify

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

RECEIVED
JUL 15 2002
DEP/BANHM
ASBESTOS/LEAD
PROGRAM
TRUG
2

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

32 331 Square Feet, and/or Linear Feet

DEP BUREAU OF ENVIRONMENTAL COMPLIANCE ENFORCEMENT & CONTROL

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUE RIDGE LANDFILL P O BOX 399 SCOTSDALE PA 17254

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 Tpw 1109 Mod

30. LOCATIONS OF ABATEMENT ROOF MATERIAL : STONES COVERING ROOF MEMBRANE

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.)
MAIN ROOF		ROOF SURFACE	18880		STONES COVERING ROOF MEMBRANE
"		LOUVERED WALL	1750		
"		METAL	500		A/C UNIT METAL SUPPORTS
LITTLE ROOF		ROOF SURFACE	1216		
SMALL ROOFS		ROOF SURFACE	7949		5 INDIVIDUAL SMALLER ROOFS
		WINDOWS & LOUVERS	556		
		A/C UNIT SUPPORTS	1300		METAL A/C SUPPORTS
		BULK HEAD	180		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS	B. KURZBAN & SON CONTROL	
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
07-12-02	07-12-02	
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.

	NYC DEP	
Print Name of Owner	Signature	Date
		07-12-02

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

E098WTC

EMERGENCY
PHONE
HANDWRITTEN
FORMS WILL BE
ACCEPTED

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DEP
www.nyc.gov/dep

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Fee 1108 Minor
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 86 1/2 NASSAU STREET Borough MN Zip _____

AKA _____ 3. Block 78 4. Lot 41

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

II. BUILDING OWNER

7. Name _____ 8. Contact Person PETER DE CHESER

9. Tel. # (212) 696-2500 Fax # (212) 696-0333

10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS INC 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 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 _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

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

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

Shift from: 8^00 ☒ am ☐ pm to 8^00 ☐ am ☒ pm

If other, specify _____

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

RECEIVED
JUL 15 2002
DEP/BANHM
ASBESTOS/LE
PROGRAM
TRUG
2

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

2601 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

(2)

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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** Rev 11/08 Mod

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.)
ROOF		ROOF SURFACE	1196		
FACADE		WEST FACADE	805		
"		AWNINGS	600		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS Print Name of Air Monitor	B. KURZBAN & SON CONTROL Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
07/02/02 Date	07/02/02 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.

Print Name of Owner — Signature — NYCDEP — Date: 07/02/02

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

E091WTC

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

EMERGENCY

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

TRU 1048M02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 156 William St Borough Manhattan Zip

AKA 51-55 Beekman St, 73-85 Ann St 3. Block 93 4. Lot 20

5. Type of Facility 6. Name of Building

II. BUILDING OWNER

7. Name 156 William St, LLC 8. Contact Person

9. Tel. # (212) 924-9690 Fax #

10. Address City State Zip

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Benjamin Kurzban & Son Control 13. Contact Person Louie Iannico

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 Ralph Avenue City Brooklyn State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name Warren Panzer ENGINEERS 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630

21. Address 228 East 45th St City New york State NY Zip 10017

22. Sample Analysis Laboratory 23. NYS DOH ELAP #

VI. PROJECT INFORMATION

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

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.

RECEIVED
JUL 03 2002
DEP/BANHM ASBESTOS/LEAD PROGRAM TRUG 2

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

15487 & Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

2

156 WILLIAM STREET

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI,NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BlueRidge Landfill PO Box 399 Scotsdale, Pa 17254

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

10489N02

30. LOCATIONS OF ABATEMENT ROOF MATERIAL : STONES AND OR GRAVEL

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.)
TOP ROOF		ROOF SURFACE	8881		
COOLING TOWER ROOF		ROOF SURFACE	525		
11		METAL WORK	740		
11		WINDOW LEDGE	16		
SEVENTH FL. ROOF		ROOF SURFACE	3354		
AC UNT ROOF		ROOF SURFACE	1914		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS Print Name of Air Monitor	B. KURZBAN & SON CONTROL Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
06/30/02 Date	06/30/02 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.

Print Name of Owner — Signature NYC DEP — 06/30/02 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

E082WTC

EMERGENCY

"OR" THEREAFTER 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)

TRU 1034M402
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 86 Nassau St Borough Manhattan Zip

AKA 3. Block 78 4. Lot 40

5. Type of Facility 6. Name of Building

II. BUILDING OWNER

7. Name HBS Equities LLC 8. Contact Person

9. Tel. # (212) 963-0241 Fax #

10. Address 30 NASSAU STREET City NY State NY Zip 10038-3726

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Benjamin Kurzban & Son Control 13. Contact Person Louie Iannico

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 Ralph Avenue City Brooklyn State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name Warren Panzer ENGINEERS INC. 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630

21. Address 228 East 45th St City New york State NY Zip 10017

22. Sample Analysis Laboratory 23. NYS DOH ELAP #

VI. PROJECT INFORMATION

24. Starting date for this portion of work 07/02/02 Projected completion date 08/01/02

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

Shift from: 8:00 ☒ am ☐ pm to 8:00 ☐ am ☒ pm

If other, specify

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

RECEIVED
JUL 02 2002
DEP/BANHM
ASBESTOS/LEAD
PROGRAM
TRUG
2

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

6772 ☒ Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

(2)

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI,NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BlueRidge Landfill PO Box 399 Scotsdale, Pa 17254

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** TRK 1034M02

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.)
ROOF		ROOF SURFACE	1196		
FACADE		WEST FACADE	1840		
ROOF		BULK HEADS	200		
FACADE		NORTH FACADE	2340		
FACADE		EAST FACADE	1196		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS	B. KURZBAN & SON CONTROL	
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
07/01/02	07/01/02	
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.

	NYC DEP	07/01/02
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

E0836WTC

EMERGENCY — HANDWRITTEN FORMS WILL BE ACCEPTED

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION — DEP — www.nyc.gov/dep

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU 1035M-02
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 88 Nassau St Borough Manhattan Zip

AKA 3. Block 78 4. Lot 42

5. Type of Facility 6. Name of Building

II. BUILDING OWNER

7. Name Michael Pildes et al 8. Contact Person GUY PLUSH

9. Tel. # (212) 285-4232 Fax #

10. Address PII City North Vale State NJ Zip 07647-2403

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Benjamin Kurzban & Son Control 13. Contact Person Louie Iannico

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 Ralph Avenue City Brooklyn State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name Warren Panzer Engineers Inc. 18. Contact Person Michael Nolan

19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630

21. Address 228 East 45th St City New york State NY Zip 10017

22. Sample Analysis Laboratory 23. NYS DOH ELAP #

VI. PROJECT INFORMATION

24. Starting date for this portion of work 07/02/02 Projected completion date 08/01/02

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

Shift from: 8^00 ☒ am ☐ pm to 8^00 ☐ am ☒ pm

If other, specify

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

RECEIVED
JUL 02 2002
DEP/BANHM
ASBESTOS/LEAD
PROGRAM
TRIG
2

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

TOTO Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

(N)

88 NASSAU STREET

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI,NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BlueRidge Landfill PO Box 399 Scotsdale, Pa 17254

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 TPU 1035 MU 02

30. **LOCATIONS OF ABATEMENT** ROOF MATERIAL : ROOF MEMBRANE (TAR)

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.)
ROOF		ROOF SURFACE	1196		
FACADE		WEST FACADE	1840		
ROOF		BULK HEADS	200		
SET BACK		ROOF SURFACE	460		
FACADE		SOUTH FACADE	2340		
FACADE		EAST FACADE	1034		

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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
WARREN & PANZER ENGINEERS	B. KURZBAN & SON CONTROL	
Signature	Signature	Signature
07/01/02	07/01/02	
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.

Print Name of Owner	Signature	Date
	NYCDEP	07/01/02

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

E081WTC

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

EMERGENCY

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Rec 1013Mw02
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 80 Nassau St Borough Manhattan Zip

AKA 80-84 Nassau St 3. Block 78 4. Lot 7503

5. Type of Facility 6. Name of Building

II. BUILDING OWNER

7. Name Nassau St Equities LLC c/o Time Equities 8. Contact Person

9. Tel. # (212) 207-6000 Fax #

10. Address City State Zip

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Benjamin Kurzban & Son Control 13. Contact Person Louie Iannico

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 Ralph Avenue City Brooklyn State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name Warren Panzer ENGINEERS 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630

21. Address 228 East 45th St City New york State NY Zip 10017

22. Sample Analysis Laboratory 23. NYS DOH ELAP #

VI. PROJECT INFORMATION

24. Starting date for this portion of work 07/01/02 Projected completion date 07/31/02

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

Shift from: 8^00 ☒ am ☐ pm to 8^00 ☐ am ☒ pm

If other, specify

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

RECEIVED
JUL 01 2002
DEP/BANHM
ASBESTOS/LEAD
PROGRAM
TRUG
2

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

17722 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

80 NASSAU STREET

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI,NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BlueRidge Landfill PO Box 399 Scotsdale, Pa 17254

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 TR 1013 H402

30. LOCATIONS OF ABATEMENT ROOF MATERIAL : ROOF MEMBRANE (TAR)

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.)
ROOF		ROOF SURFACE	7244		
"		PARAPET	464		
"		BULK HEADS	2040		
"		A/C UNITS	200		
SET BACK		ROOF SURFACE	1000		
FACADE		EAST FACADE	1050		
"		WEST FACADE	5220		
"		SOUTH FACADE	504		

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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
WARREN & PANZER ENGINEERS	BENJAMIN KURZBAN & SON CONTROL	
Signature	Signature	Signature
6/28/02	6/28/02	
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.

Print Name of Owner	Signature	Date
	NYCDEP	06/28/02

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

E064 WTC

EMERGENCY
ONLY HANDWRITTEN FORMS WILL BE ACCEPTED

Typewrite

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

TRU 0986 M NO2
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 21 ANN STREET Borough _____ Zip _____

AKA _____ 3. Block 90 4. Lot 21

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

II. BUILDING OWNER

7. Name 21 ANN STREET CORP. 8. Contact Person _____

9. Tel. # _____ Fax # _____

10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630

21. Address 228 EAST 45TH STREET City NY State NY Zip 10017

22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 06/28/02 Projected completion date 07/28/02

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

Shift from: 8:00 ☒ am ☐ pm to 8:00 ☐ am ☒ pm

If other, specify _____

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

RECEIVED
JUN 28 2002
ASBESTOS CONTROL PROGRAM
BROOKLYN

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

6765 Square Feet, and/or 0 Linear Feet

ACP 7
2/2000

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ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399

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

30. **LOCATIONS OF ABATEMENT** ROOF MATERIAL: ROOF MEMBRANE (TAR)

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 FACADE (ANN STREET)	1230		
ROOF		ROOF SURFACE	2625		
"		PARAPET LEDGE	330		
"		PARAPET WALL	880		
"		A/C UNITS	800		
"		DUCT WORK	500		
"		EXTENDED WALL	400		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

WARREN & PANZER ENGINEERS Print Name of Air Monitor	BENJAMIN KURZBAN & SON CONTR Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
06/26/02 Date	06/26/02 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.

Print Name of Owner — Signature NYC DEP — 06/26/02 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.

AC 2F