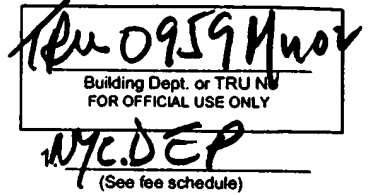


NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT NOTIFICATION
 (ASBESTOS INSPECTION REPORT)



When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal at the NYC DEP 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 118 Nassau Street Borough Manhattan Zip _____
 AKA _____ 3. Block 92 4. Lot 26
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Vincent Mazzola 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. # P11 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. # P11 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 6/26/02 Projected completion date 7/30/02

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

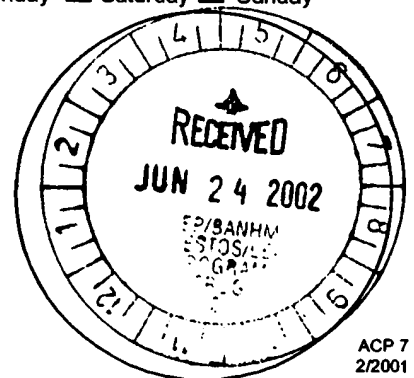
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
specify _____

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

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

3837 Square Feet, and/or 0 Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)26. Asbestos Handler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263Disposal 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 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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
ROOF		ROOF SURFACE	1105		
"		PARAPET WALL	407		
SET BACK ROOF		ROOF SURFACE (BELOW AC)	500		
FACADE		WEST FACADE (ON MASSAUST)	1425		
ROOF		BULK HEAD	200		
FACADE		AWNING (OUTSIDE)	200		

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

<u>Wardlaw & Pomeroy, Inc.</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>6/13/02</u> Date	<u>B. KURZBANJON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/13/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ 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.

[Signature] DEP
 Print Name of Owner Signature Date 06/13/02

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

EMERGENCY
 ALL WRITTEN
 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)

Reu 09604402
 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 120 Nassau Street Borough Manhattan Zip _____
 AKA _____ 3. Block 92 4. Lot 27
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Mizrachi Realty Corp. 8. Contact Person _____
 9. Tel. # 212-732-3889 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 MIKE 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 6/26/02 Projected completion date 7/30/02

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

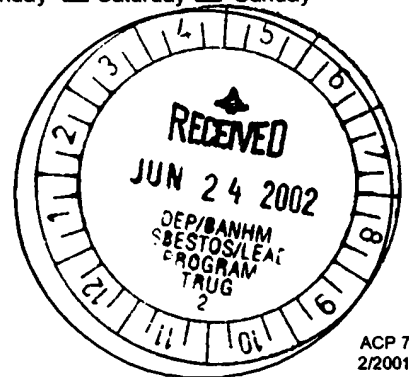
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
 specify _____

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

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

3329 Square Feet, and/or 0 Linear Feet



ACP 7
 2/2001

120 NASSAU STREET

ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263Disposal 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 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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers etc.)
			SQUARE FEET	LINEAR FEET	
ROOF		ROOF SURFACE	1231		
"		PARAPET WALL	443		
"		METAL WORK	30		
FACADE		WEST FACADE (ON NASSAU ST.)	1425		
"		FIRE ESCAPES	200		

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

<u>WARREN & POZZA E.C., P.C.</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>6/13/02</u> Date	<u>B. KURZBANSON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/13/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ 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

DEP

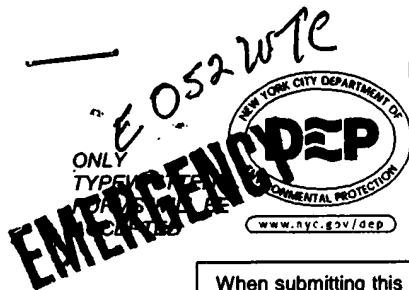
Date

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

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

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

ACP7
2/2001



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

Per 09614 no2
 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 122 Nassau Street Borough Manhattan Zip _____
 AKA _____ 3. Block 92 4. Lot 28
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Century Realty Inc. 8. Contact Person _____
 9. Tel. # 212-267-7778 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 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 6/26/02 Projected completion date 7/30/02

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

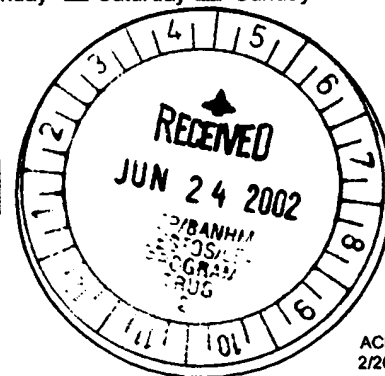
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
specify _____

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

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

50 Square Feet, and/or 0 Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263Disposal 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 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 LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
ROOF		ROOF SURFACE (NEAR SKYLIGHT)	25	
SET BACK ROOF		ROOF SURFACE (1/2 UNIT)	25	

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

<u>WARRA & POWELL LLC, P.C.</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>6/13/02</u> Date	<u>B KUNZ & SON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/13/02</u> Date	_____ Print Name of Applicant (if other than Owner) _____ Signature _____ 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

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.

2053 WTC
ONLY
TYPEWRITING
FOR
EMERGENCY
USE
ONLY



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 09624402
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 124 Nassau Street Borough Manhattan Zip _____
AKA _____ 3. Block 92 4. Lot 29
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Mr. Arnold Schwartz c/o Franc-Men Realty 8. Contact Person _____
9. Tel. # 212-929-9807 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 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 6/26/02 Projected completion date 7/30/02

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

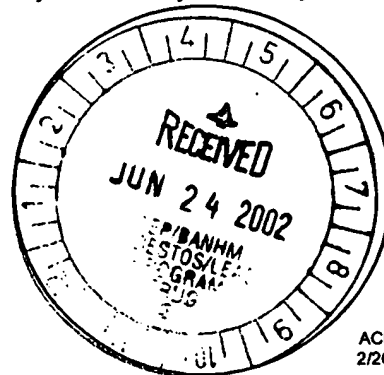
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
specify _____

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

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

3605 Square Feet, and/or 0 Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

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

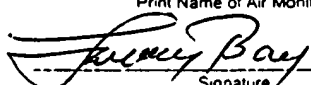
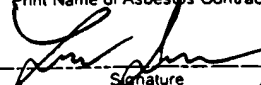
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

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

30. LOCATIONS OF ABATEMENT 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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
ROOF		ROOF SURFACE (PARTIAL)	385		
SET BACK ROOF 1		ROOF SURFACE	25		
SET BACK ROOF 2		ROOF SURFACE	425		
ROOF		METAL WORK	300		
GROUND		BACK YARD & STAIRS	1000		
FACADE		WEST FACADE (ON NASSAU ST.)	1200		
"		FIRE ESCAPES	150		
FACADE		AWNING (OUTSIDE)	120		

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

<u>WATSON & PHILLIPS ENV. P.C.</u> Print Name of Air Monitor  Signature <u>6/13/02</u> Date	<u>B. KURZBAN & SON</u> Print Name of Asbestos Contractor  Signature <u>6/13/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ 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

DEP

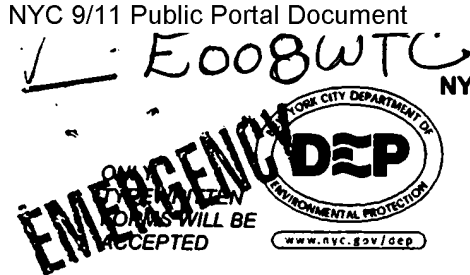
06/13/02

Date

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

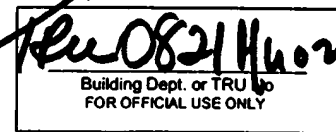
Any modification of information provided on this form must be reported immediately in writing directly to the NYC DEP ACP.

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.



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
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 NYC DEP 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 35 Ann St Borough Manhattan Zip _____
 AKA 104-108 Nassau St 3. Block 92 4. Lot 23
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Abacus Federal Savings Bank 8. Contact Person Elaine Yeung
 9. Tel. # (212) 285-4770 Fax # _____
 10. Address _____ City Manhattan State _____ Zip _____
 PII PII

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 & Panza 18. Contact Person _____
 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 # _____

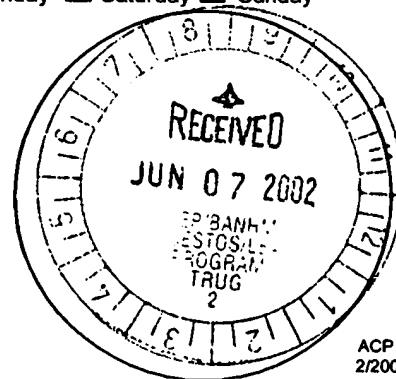
VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/12/02 Projected completion date 7/12/02
 Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
 Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 If other, specify _____

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

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

8819 Square Feet, and/or 0 Linear Feet


 ACP 7
2/2001

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

*TRU 08214402*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 LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
		FACADE (LOWER ROOF)	1825	
LOWER ROOF		PARAPET LEDGE	70	
"		PARAPET WALL	584	
"		ROOF SURFACE	1380	
		FACADE (UPPER ROOF)	1540	
UPPER ROOF		ROOF SURFACE	1584	
"		BULK HEAD	400	
"		DUCT WORK	304	
"		A/C UNITS (2)	800	
"		PARAPET WALL	332	

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

<u>WARREN P. PANZER</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>6/3/02</u> Date	<u>B. KURZBAN & SON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/3/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ 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.

[Signature] 06/04/02
 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.

E007WTC

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

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 08204407

Building Dept. or TRU No.
FOR OFFICIAL USE ONLY

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 116 NASSAU STREET Borough LMU Zip _____
AKA 45 ANN STREET 3. Block _____ 4. Lot _____
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 BENJAMIN KURZBAN & SON CONTROL 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 18. Contact Person MIKE NOLAN
19. Federal Employer ID. # PII 20. Tel. # (212) 922-0677 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 6/12/02 Projected completion date 7/12/02

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

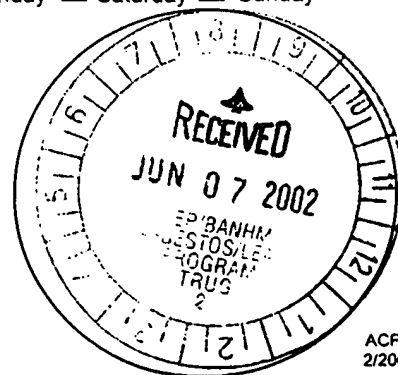
Shift from: ☐ am ☐ pm to ☐ am ☐ pm

If other, specify _____

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

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

86,571 Square Feet, and/or 0 Linear Feet



ACP 7
2/200

ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler JESI NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263Disposal 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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
		FACADE SOUTH	5460		
		FACADE SOUTH (INSIDE CORE)	28276		
		FACADE NORTH	20000		
		FACADE EAST	15000		
		FACADE WEST	11700		
		FLUE (INSIDE CORE)	2400		
		FIRE ESCAPES	1650		
		DUCT WORK & A/C UNITS	960		
		SET BACK ROOF	1125		

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

<u>WARREN & PAUZER</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>6/3/02</u> Date	<u>B KURZBAN & SON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/03/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ 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] DEP
 Signature

06/04/02
 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.

EMERGENCY
 E034WTC
 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)

Handwritten signature: The 0911 Unit
 Building Dept. or TRU No.
 FOR OFFICIAL USE ONLY
Handwritten signature: Mr. 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 125 FULTON STREET Borough _____ Zip _____
 AKA _____ 3. Block _____ 4. Lot _____
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name GREEKIAN REALTY 8. Contact Person GEORGE DIMOU
 9. Tel. # (718) 726-7700 Fax # _____
 10. Address 125 FULTON STREET City NY State NY 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. # _____ 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. # _____ 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 06/20/02 Projected completion date 07/20/02

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

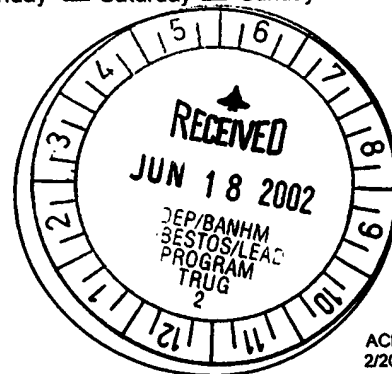
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
 specify _____

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

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

3892 Square Feet, and/or 0 Linear Feet



ACP 7
 2/2001

U & P
 BUREAU OF ENVIRONMENTAL
 REMEDIATION & ENFORCEMENT
 ASBESTOS CONTROL
 PROGRAM
 TRU 2

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler ESI, NY NYS DEC Permit # WS-462 Tel.# _____
 Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE 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

TRU 0911 H W02

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 LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
ROOF		PARAPET WALL	780	
FACADE		SOUTH FACADE (FULTON ST)	1170	
"		SOUTH FACADE AWNINGS	672	
"		NORTH FACADE (ANN ST)	1170	
"		NORTH FACADE AWNINGS	100	

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

<u>WARREN & PANZER ENGINEERS</u> <u>FAYED EL-GENDI</u> Print Name of Air Monitor <u>F. El-Geni</u> Signature <u>06.17.02.</u> Date	<u>B. KURZBANSON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/17/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ 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] Signature 06/14/02 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.

E009WTC

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)

TRU 0822Huv
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 57 Ann St Borough Manhattan Zip _____
AKA _____ 3. Block 92 4. Lot 10
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 57 Ann St Realty Assoc. Inc c/o Lance Howard 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 & Panza 18. Contact Person _____
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 6/9/02 Projected completion date 7/9/02

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

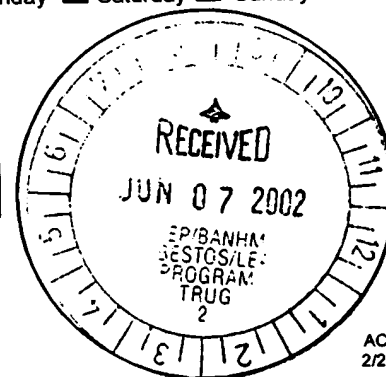
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
specify _____

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

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

14495 Square Feet, and/or 0 Linear Feet



ACP 7
2/2001

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

ROOF MATERIAL: CONCRETEPer 08224202

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
ROOF		ROOF SURFACE	11225		
		PARAPET WALLS	1256		
		BULK HEAD WALLS	1200		
		FIRE ESCAPES	500		
		PARAPET LEDGE	314		

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

<u>WARREN Y PANZER</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>6/03/02</u> Date	<u>B. KURZBAN & SON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/03/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ 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]
 Signature

06/03/02
 Date

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

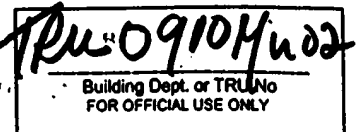
Any modification of information provided on this form must be reported immediately in writing directly to the NYC DEP ACP.

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.

E033WTC
EMERGENCY
UNWRITTEN
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)



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 114-116 FULTON STREET Borough _____ Zip _____
AKA _____ 3. Block _____ 4. Lot _____
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name CEDAR MANAGEMENT 8. Contact Person _____
9. Tel. # (212) 782-7653 Fax # _____
10. Address 20 VESSEY STREET City NY 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. # _____ 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. # _____ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
21. Address 228 EAST 43TH 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 6/19/02 Projected completion date 7/18/02

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

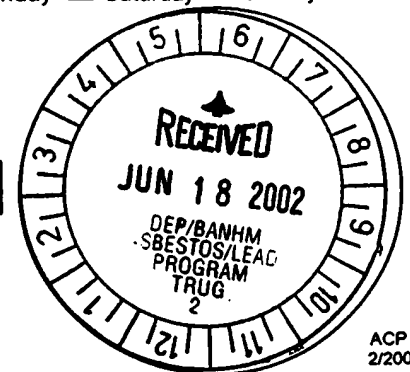
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
specify _____

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

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

13327 Square Feet, and/or 0 Linear Feet



ACP 7
2/2001

BUREAU OF ENVIRONMENTAL
REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
TRUG 2

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# 718-491-1234
 Disposal Site(s) BLUERIDGE LANDFILL PO BOX 399 SCOTSDALE 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

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
NORTH FACADE		FIRE ESCAPES	750		
FACADE		SOUTH FACADE	3430		
ROOF		ROOF SURFACE	3479		
"		PARAPET	333		
"		BULK HEAD	500		
"		METAL WORK	100		
SET BACK ROOF		ROOF SURFACE	735		
"		A/C UNITS	4000		

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

<u>FRYED EL-GENDI</u> Print Name of Air Monitor <u>F. El-Gendi</u> Signature <u>06.12.02</u> Date	<u>B. KURZBANJON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/17/02</u> Date	Print Name of Applicant (If other than Owner) _____ Signature _____ 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
06/14/02

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.

K042WIC



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

T0109314N02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. **Dep**
(See fee schedule)

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

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 47 Ann St Borough Manhattan Zip _____
AKA _____ 3. Block 92 4. Lot 17
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 47 Ann St Associates LLC 8. Contact Person _____
9. Tel. # (212) 706-3030 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 & Panza 18. Contact Person _____
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 6/22/02 Projected completion date 7/10/02

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

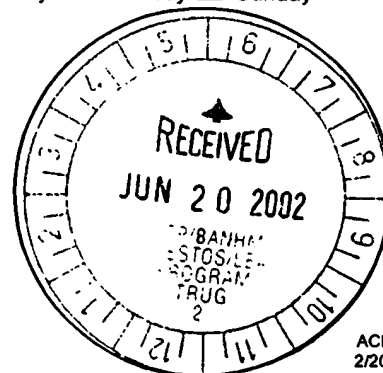
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
specify _____

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

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

4645 ± Square Feet, and/or 0 Linear Feet



ACP 7
2/2001

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

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

ROOF MATERIAL: ROOF MEMBRANETW0931420:

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 LINEAR FEET		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
ROOF		ROOF SURFACE	3625		
"		PARAPET LEDGE	340		
"		PARAPET WALL	680		

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

<u>WARREN X PANZER</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>6/3/02</u> Date	<u>B KUNZBAY + SON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/03/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ Date
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32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized the filing of this notification for the work specified herein.

 Print Name of Owner [Signature] 06/04/02
 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.

E044WTC



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TAL 09384102
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

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 15 DUTCH STREET Borough MN Zip _____

AKA _____ 3. Block 78 4. Lot 7504

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

II. BUILDING OWNER

7. Name _____ 8. Contact Person Bruce R. Kenberg

9. Tel. # _____ Fax # _____

10. Address _____ City _____ State _____ 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 18. Contact Person MICHAEL R. 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 6/24/02 Projected completion date 7/25/02

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

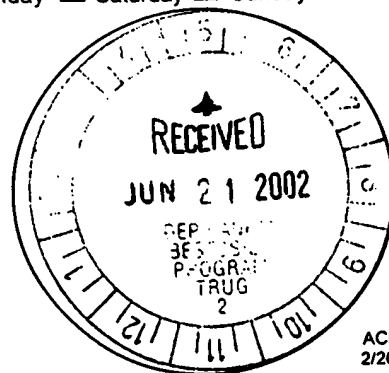
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
specify _____

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

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

8814 Square Feet, and/or _____ Linear Feet



ACP
2/20C

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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
<u>FACADE</u>		<u>EAST FACADE</u>	<u>6804</u>		
<u>FACADE</u>		<u>WEST FACADE WINDOWS</u>	<u>1080</u>		
<u>ROOF</u>	<u>BULK HEADS</u>	<u>BULK HEAD ROOF SURFACE</u>	<u>376</u>		
<u>II</u>		<u>A/C UNITS</u>	<u>200</u>		
<u>A</u>		<u>PARAPET (WALLS & LEDGES)</u>	<u>354</u>		

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

<u>Warren Pina</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>6/6/02</u> Date	<u>B KURZBAN + SON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/5/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ Date
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32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized the filing of this notification for the work specified herein.

 Print Name of Owner

[Signature] DEP
 Signature

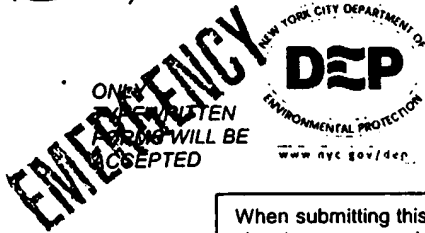
06/05/02
 Date

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.

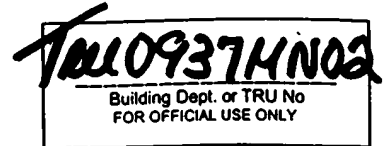
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E043 WTC



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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



1. NYC DEP
(See fee schedule)

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I. FACILITY

2. Address 7 DUTCH STREET Borough UN Zip _____
AKA 7 1/2 DUTCH STREET 3. Block 78 4. Lot 26
5. Type of Facility RESIDENTIAL 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 INC. 13. Contact Person _____
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

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

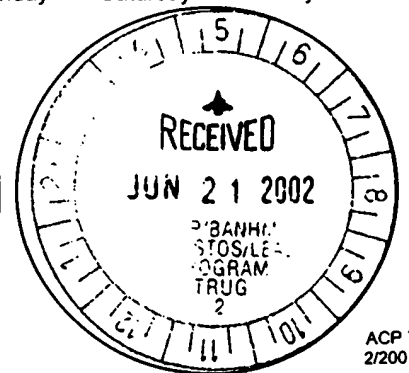
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

7345 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-674 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

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			SQUARE FEET	LINEAR FEET	
ROOF		ROOF SURFACE	1800		
"	PARAPET	WALLS & LEDGES	490		
"	BULKHEADS	ENTIRE	525		
"		DUCT & A/C UNITS	700		
FACADE		WEST FACADE	1320		
"		EAST FACADE	1320		
"		FIRE ESCAPES (ALL)	800		
"		METAL SHUTTERS	390		

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

<u>Warren P. D. 11/14</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>6/6/02</u> Date	<u>B. KORZBAN & SON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/5/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ Date
--	--	---

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 Print Name of Owner
[Signature] des
 Signature
06/05/02
 Date

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