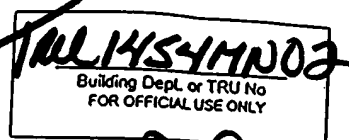


E150WTC
EMERGENCY

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

ASBESTOS PROJECT NOTIFICATION (ASBESTOS INSPECTION REPORT)



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 40 Exchange Place Borough Manhattan Zip 10004
AKA 27 William Street 3. Block _____ 4. Lot _____
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 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

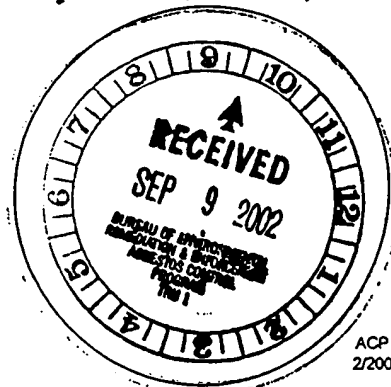
V. THIRD PARTY AIR MONITOR

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 8/1/02 Projected completion date 9/30/02
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.



ACP 7
2/2001

25. Total amount of asbestos-containing material to be abated during this work
59,060 Square Feet, and/or _____ Linear Feet

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)

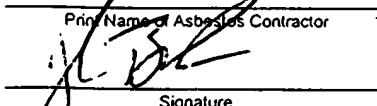
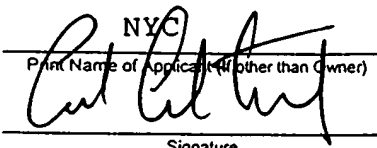
- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

TRC 1454 MINO2

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	
ROOFS	Item No. 3	Partial Roofs	13560		
Facades	Item No. 8	Partial Facades	45500		

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 Print Name of Air Monitor  Signature _____ Date	Trio Asbestos Rvl.Crp. Print Name of Asbestos Contractor  Signature 7/24/02 Date	NYC Print Name of Applicant (Other than Owner)  Signature 7/24/02 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.

c/o NYC

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

E151WTC

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)

TAL14554N02
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 52 WILLIAM STREET Borough Manhattan Zip _____
AKA 47-49 PINE STREET, CLUB QUARTERS 3. Block _____ 4. Lot _____
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name FINANCIAL DISTRICT ASSOCIATES LLC c/o MAST 8. Contact Person _____
9. Tel. # (212) 626-9392 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 STEVEN PARMIGIANI
14. Federal Employer ID. # PII 15. Tel. # (718) 961-4100 Fax # (718) 961-4103
16. Address 14-20 129 STREET City COLLEGE POINT State NY Zip 11356

V. THIRD PARTY AIR MONITOR

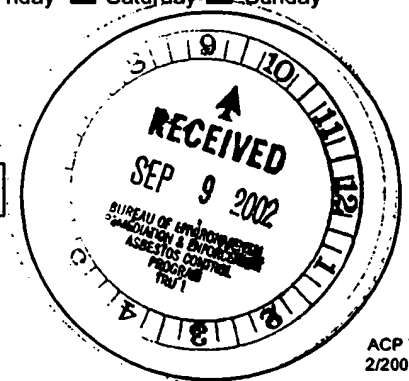
17. Name WARREN & PANZER ENGINEERS, P. C. 18. Contact Person MIKE NOLAN
19. Federal Employer ID. # _____ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
21. Address 228 EAST 45th STREET City N.Y. State NY Zip 10017
22. Sample Analysis Laboratory WARREN & PANZER ENGINEERS, P.C. 23. NYS DOH ELAP # 111251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 9/10/02 Projected completion date 9/17/02
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.

25. Total amount of asbestos-containing material to be abated during this work
3,940 Square Feet, and/or 0 Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler ASBESTOSTRANS. CO. NYC DEC Permit # 1A-371 Tel.# (631) 924-5050
 Disposal Site(s) IMPERIAL P.O. 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) _____

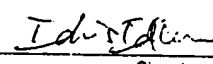
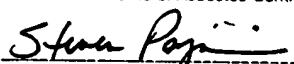
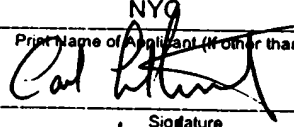
28. TYPE OF ABATEMENT (Check all appropriate boxes)
☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

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

30. LOCATIONS OF ABATEMENT

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-	5th FLOOR SETBACK	ROOF, DUNNAGE, DUCTS	1,940		ITEM # 2
ROOF	PENTHOUSE	ROOF, LOUVERS	2,000		ITEM # 2

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 ENG. P.C. Print Name of Air Monitor  Signature <u>09-08/02</u> Date	TRIO ASBESTOS REM. CORP. Print Name of Asbestos Contractor  Signature <u>9-8-02</u> Date	NYC Print Name of Applicant (If other than Owner)  Signature <u>9/9/02</u> Date
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32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized the filing of this notification for the work specified herein.

FINANCIAL DISTRICT ASSOCIATES LLC

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.

E132WTC

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

EMERGENCY
LS486THA

TR4 1300 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 95 Maiden Lane Borough Manhattan Zip 10038
AKA _____ 3. Block _____ 4. Lot _____
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Federal Reserve Bank 8. Contact Person _____
9. Tel. # 212-720-5000 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 8/13/02 Projected completion date 9/13/02

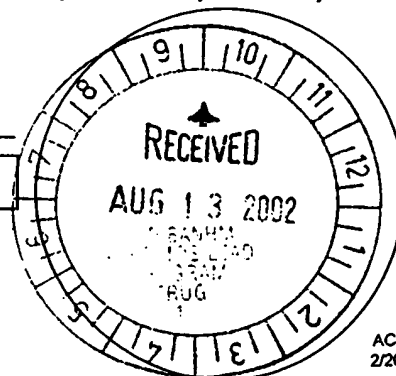
Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

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
11,700 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

E137 WTC

ONLY
TYPEWRITTEN
FORMS TO 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)

File 13584ND2
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.

EMERGENCY

I. FACILITY

2. Address 55 Liberty Street Borough Manhattan Zip 10005
AKA _____ 3. Block 64 4. Lot 8
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 55 Liberty Owners Corp. c/o COOPER SQ. REALTY 8. Contact Person _____
9. Tel. # (212) 682-7373 Fax # _____
10. Address 6 EAST 43RD STREET City NEW YORK State NY Zip 10017

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 8/22/02 Projected completion date 9/10/02
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.

25. Total amount of asbestos-containing material to be abated during this work
40,000 Square Feet, and/or _____ Linear Feet



DEP
BUREAU OF ENVIRONMENTAL
PERMITS AND ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
TRU 1

