



**E.P.A. AGENCY**

CT, MA, RI, VT, NH, ME  
GENERATORS  
EPA New England  
1 Congress Street  
Boston, MA 02114-2023  
(617) 918-1111

NY GENERATORS  
EPA Region 2  
290 Broadway, 26th Floor  
New York, NY 10007-1866  
(212) 264-6770

#99 49004

EMERGENCY RESPONSE  
TELEPHONE  
#1-800-272-3867

**FB# 7536 ASBESTOS DISPOSAL & DOCUMENTATION FORM**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Job Number _____ P.O. # _____<br>Contractor <b>FIBER CONTROL INC.</b><br>Address <b>3010 BURNS AVENUE</b><br>City <b>WANTAGH</b> State <b>NY</b> Zip <b>11793</b><br>Telephone Number <b>(516) 781-3000</b><br>Date Container Del. <b>06/26/02</b> Date of Pickup <b>07/23/02</b><br>Type of Container <b>100 YARD</b><br>VOLUME <b>1/16</b> CY Friable <input checked="" type="checkbox"/> Non-Friable <input type="checkbox"/><br>Bag <input checked="" type="checkbox"/> Drum <input type="checkbox"/> Wrapped <input type="checkbox"/> Other <input type="checkbox"/><br><b>RQ, ASBESTOS, 9, NA2212, PG III</b> | <b>GENERATOR/BUILDING OWNER</b><br><b>54 WARREN STREET LLC</b><br>Address <b>1385 WEST BROADWAY</b><br>City <b>NEW YORK, NY 10018</b><br>Phone Number _____<br><b>GENERATING LOCATION</b><br>Address <b>54 WARREN STREET</b><br>City <b>NEW YORK, NY 10007</b><br>Phone Number <b>INV #: F1059</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

**AUTHORIZED SIGNATURE** R. Random

**Transporter 1:** **FIBER CONTROL INC.** **3010 BURNS AVENUE WANTAGH, NY 11793** **516-781-3000**

Driver: Romy Costa NY / 480 139 AR 07/24/02

Signature \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 State / # \_\_\_\_\_  
 Acknowledgement of receipt of materials.

**Transporter 2:** **Waste Management N.E.E.T., Inc., PO Box 144, Portland, CT 06480 1-800-272-3867**

Driver: [Signature] 073011 me 7/25/02

Signature \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 State / # \_\_\_\_\_  
 Acknowledgement of receipt of materials.

**TEMPORARY STORAGE / TRANSFER FACILITY:** **WASTE MANAGEMENT N.E.E.T., INC. • 203 PICKERING STREET • PORTLAND, CT 06480**  
**PHONE: (800) 272-3867 PERMIT # SW 1130223**

Received By: N/A Date: \_\_\_\_\_

Certification of receipt of materials covered by this manifest.

**Transporter 3:** N/A

Driver: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
 State / # \_\_\_\_\_  
 Acknowledgement of receipt of materials.

Landfill Name: Southern New England Phone No: 814 479 2537

Location: Andover MA PA 15528 Permit # 100057/CT/0008/960216/2845

Approximate Volume of Asbestos Received: 1/16 CY

Discrepancy If Any: \_\_\_\_\_

Received by: Michael Hart Date: 7-26-02

Certification of receipt of materials covered by this manifest.

New York City  
Department of TransportationBOROUGH : MANHATTAN  
107  
INSPECT DIST: 4

PERMIT # : M02-2002197-

RECORDED # : NONE  
PREVIOUS # : NONEBUILDING OPERATION PERMIT  
PERMIT VALID FROM 07/17/2002 TO 08/30/2002FEES (NON-REFUNDABLE):  
ADMIN \$\*\*50.00  
REISSUEPERMIT TYPE 0204  
PAVEMENT TYPE ASPHALT  
SIDEWALK TYPE  
ISSUE DATE 07/16/2002

TOTAL FEE \$\*\*\*\*50.00 FEE WAIVED

## PERMISSION HEREBY GRANTED TO :

NAME : ACTION REMEDIATION CO INC  
CONTACT NAME : ANTHONY COSTA  
PHONE : ( 516 ) 781 - 3000  
ADDRESS : 3010 BURNS AVENUE WANTAGH NY 11793  
GENERAL CONTRACTORLICENSE # :  
PERMITTEE # : 11578  
CONTRACT # : ROF-REM

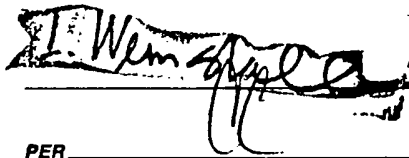
## TO OCCUPY THE ROADWAY IN FRONT OF :

HOUSE # : 54  
ON STREET : WARREN STREET  
FROM STREET : CHURCH STREET  
TO STREET : WEST BROADWAYFOR THE PURPOSE OF : PLACE EQUIPMENT OTHER THAN CRANE OR SHOV  
BLDG EXTERIOR CLEANUP--DECONTAMINATION TRUCK

\*\*\* SEE PAGE 2 FOR STIPULATIONS \*\*\*

PERMIT ORIGINALLY PRINTED ON 07/16/2002 AT 16:19 BY CANDANCE CAVARRETTA PERMIT OFF

PAGE 1 OF 2

PERMITTEES SHALL COMPLY WITH ALL APPLICABLE LAWS,  
RULES AND SPECIFICATIONS OF THE NEW YORK CITY  
DEPARTMENT OF TRANSPORTATION AND WITH THE TERMS  
AND CONDITIONS OF THE PERMIT. FAILURE TO COMPLY  
MAY RESULT IN REVOCATION OF THE PERMIT BY THE COM-  
MISSIONER.  
COMMISSIONER  
PER \_\_\_\_\_

New York City  
Department of TransportationBOROUGH : MANHATTAN  
108  
INSPECT DIST: 4

PERMIT # : M02-2002197-

RECORDED # : NONE  
PREVIOUS # : NONEBUILDING OPERATION PERMIT  
PERMIT VALID FROM 07/17/2002 TO 08/30/2002FEES (NON-REFUNDABLE):  
ADMIN \$\*\*50.00  
REISSUEPERMIT TYPE 0215  
PAVEMENT TYPE  
SIDEWALK TYPE CONCRETE  
ISSUE DATE 07/16/2002

TOTAL FEE \$\*\*\*\*50.00

PERMISSION HEREBY GRANTED TO :  
NAME : ACTION REMEDIATION CO INC  
CONTACT NAME : ANTHONY COSTA  
PHONE : ( 516 ) 781 - 3000  
ADDRESS : 3010 BURNS AVENUE WANTAGH NY 11793  
GENERAL CONTRACTORLICENSE # :  
PERMITTEE # : 11578  
CONTRACT # : ROF-REMTO OCCUPY THE SIDEWALK IN FRONT OF :  
HOUSE # : 54  
ON STREET : WARREN STREET  
FROM STREET : CHURCH STREET  
TO STREET : WEST BROADWAYFOR THE PURPOSE OF : TEMPORARY SIDEWALK CLOSING  
BLDG EXTERIOR CLEANUP--DECONTAMINATION TRUCK

\*\*\* SEE PAGE 2 FOR STIPULATIONS \*\*\*

PERMIT ORIGINALLY PRINTED ON 07/16/2002 AT 16:21 BY CANDANCE CAVARRETTA PERMIT OFF

PAGE 1 OF 2

PERMITTEES SHALL COMPLY WITH ALL APPLICABLE LAWS,  
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DEPARTMENT OF TRANSPORTATION AND WITH THE TERMS  
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MAY RESULT IN REVOCATION OF THE PERMIT BY THE COM-  
MISSIONER.

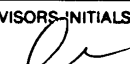
COMMISSIONER

PER \_\_\_\_\_

## ASBESTOS INSPECTION REPORT

PAGE 1 OF

|                                                                                                                                                                                                                           |     |                         |                                  |                                               |                            |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------|----------------------------------|-----------------------------------------------|----------------------------|-----------------|
| PREMISE NO<br>54                                                                                                                                                                                                          |     | STREET<br>WARREN STREET |                                  |                                               | INSPECTION DATE<br>7/11/02 |                 |
| FLOOR<br>R/F                                                                                                                                                                                                              | ZIP | BORO CODE<br>1          | BLOCK<br>136                     | LOT<br>11                                     | SQUAD #<br>1               | BADGE #<br>AD10 |
| INSPECTOR<br>ALPHONSO PLUMPTRE                                                                                                                                                                                            |     | BLDG TYPE               | BASIS OF INSPECT.<br>TRU1039MNOZ |                                               | PHOTOS TAKEN YES / NO      |                 |
| CONTRACTORS NAME<br>FIBER CONTROL                                                                                                                                                                                         |     |                         |                                  | SAMPLE NO.                                    |                            |                 |
| ADDRESS<br>3010 BURNS AVE                                                                                                                                                                                                 |     |                         |                                  | CITY<br>WANTAGH                               |                            |                 |
| STATE<br>N.Y.                                                                                                                                                                                                             |     |                         |                                  | ZIP<br>11793                                  | PHONE<br>(516) 781-3000    |                 |
| LABORATORY NAME<br>WARREN & PANZER ENGINEERS PC                                                                                                                                                                           |     |                         |                                  | OWNERS NAME<br>54 Warren St LLC               |                            |                 |
| ADDRESS<br>228 E. 45TH ST                                                                                                                                                                                                 |     |                         |                                  | CITY<br>N.Y.                                  |                            |                 |
| STATE<br>N.Y.                                                                                                                                                                                                             |     |                         |                                  | ZIP<br>10017                                  | PHONE<br>(212) 922-0077    |                 |
| CONTACT PERSON:                                                                                                                                                                                                           |     |                         |                                  | TIME OF INSPECTION FROM: 12:00 am TO: 1:40 am |                            |                 |
| INSPECTION DISCLOSED:                                                                                                                                                                                                     |     |                         |                                  |                                               |                            |                 |
| <p>The roof was cleaned and no visible debris observed after the cleanup. Follow up still necessary to cleanup the facade.</p> <p>The facade was cleaned on 7/20/02 and no visible debris observed after the cleanup.</p> |     |                         |                                  |                                               |                            |                 |

|       |             |  |  |  |  |                                                                                                               |
|-------|-------------|--|--|--|--|---------------------------------------------------------------------------------------------------------------|
| NOV # | INFRACTIONS |  |  |  |  | RESULT CODE<br>5                                                                                              |
| NOV # |             |  |  |  |  | SUPERVISORS INITIALS<br> |

BORO 1 - MANHATTAN 2 - BRONX 3 - BROOKLYN 4 - QUEENS 5 - RICHMOND

BLDG TYPE A > 6 Stories B < 6 Stories C Single Family  
D School E Hospital F Public Owned Property

RESULT CODES 1 - Violation Issued 2 - No Violations Issued 3 - No Access  
4 - Project not Started (No NOV) 5 - Project Completed (No NOV)

ACP 30/93

# WTC Visual Survey Form

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------|
| Premise Address: <u>54 WARREN ST.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                       |
| Block: <u>136</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Residential <input type="checkbox"/> Commercial <input type="checkbox"/>                 | Name of Building:     |
| Lot: <u>11</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mix Use <input type="checkbox"/> Other <input checked="" type="checkbox"/> <u>VACANT</u> |                       |
| # of Stories:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AKA's:                                                                                   |                       |
| Building Owner/Management:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          | Telephone Number: ( ) |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          | FAX: ( )              |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                       |
| On Site Contact:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | Telephone Number: ( ) |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                       |
| <b>Building Owner Management Activities</b><br>Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____<br>ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____<br>Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____ |                                                                                          |                       |
| Copies of All Reports and Data Requested <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          |                       |

## Visual Inspection Results:

|                                                                                                                                   |                                                        |                                                                     |                                                           |                                  |                               |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|-------------------------------|
| <b>Facade:</b>                                                                                                                    |                                                        |                                                                     |                                                           |                                  |                               |
|                                                                                                                                   |                                                        | <b>Inspected</b>                                                    | <b>Debris</b>                                             |                                  |                               |
| North                                                                                                                             | <input checked="" type="checkbox"/> N/A                | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> No Visible/Fine Layer            | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| South                                                                                                                             | <input checked="" type="checkbox"/> N/A                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| East                                                                                                                              | <input type="checkbox"/> N/A                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input checked="" type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| West                                                                                                                              | <input type="checkbox"/> N/A                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> No Visible/Fine Layer            | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| Facade Description: <u>FIRE ESCAPE HAS VERY MINOR VISIBLE DEBRIS AT METAL CONNECTIONS - ONLY</u>                                  |                                                        |                                                                     |                                                           |                                  |                               |
| <b>Roof</b>                                                                                                                       |                                                        |                                                                     |                                                           |                                  |                               |
| Debris: <input type="checkbox"/> No Visible /Fine Layer <input checked="" type="checkbox"/> ½ to 1" <input type="checkbox"/> > 1" |                                                        |                                                                     |                                                           |                                  |                               |
| Description: <u>Debris concentrated at central roof area inspected from 60 Warren St.</u>                                         |                                                        |                                                                     |                                                           |                                  |                               |
| <b>Setbacks</b> <u>N/A</u> <input checked="" type="checkbox"/>                                                                    |                                                        |                                                                     |                                                           |                                  |                               |
| Floor: _____                                                                                                                      | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                             |                                  |                               |
| Floor: _____                                                                                                                      | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                             |                                  |                               |
| Floor: _____                                                                                                                      | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                             |                                  |                               |
| Floor: _____                                                                                                                      | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                             |                                  |                               |
| Floor: _____                                                                                                                      | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                             |                                  |                               |
| <b>Comments</b><br><u>GATED APPEARS TO BE VACANT.</u>                                                                             |                                                        |                                                                     |                                                           |                                  |                               |

Date: 1/15/2002
 Inspection Team: Name: Robert Henrich Agency: NYSDP  
 Name: Penny Theodorakis Agency: NYC DCP

01/30/02                      N.Y.C. DEPARTMENT OF BUILDINGS                      BISPIQ31  
MULTI-AGENCY COMPOSITE PROPERTY & OWNER INFORMATION QUERY  
54..... WARREN STREET..... 1 MANHATTAN              10007 BIN# 1001478  
DCP GEOGRAPHICAL INFORMATION:  
WARREN STREET              54 - 54                      HEALTH AREA : 77              TAX BLK: 136..  
                                                                                 CENSUS TRACT: 1002      TAX LOT: 11....  
                                                                                 COMMUNITY BD: 101      CONDO :  
                                                                                 MULTI STRUCT: 1      CUI NO :  
DOF OWNER NAME & ADDRESS FROM BILLING FILE:      DOF OWNER NAME FROM PROPERTY FILE  
OWNER NAME : 54 WARREN STREET LLC                      54 WARREN STREET LLC  
CORP. NAME : C/O IAN BEHAR                      LPC LANDMARK STATUS: NO  
ADDRESS : 1385 W BROADWAY                      DOB LOCAL LAW STATUS: YES  
                                                                                 NEW YORK. NY 10018  
DOF BUILDING INFORMATION:                      TRANS LAND VALUE: 302,000  
BLDG SIZE; 0025.00 X 0088.00                      TAX EXEMPT FLAG : NO  
LOT SIZE: 0025.25 X 0100.25                      TAX EXEMPT CLASS:  
BLDG CLASS : L8 LOFT BUILDING                      CITY OWNERSHIP : NO  
STORIES : 5                      UPDATE DATE : 01/12/02  
FOR CITY } MGMT TYPE:              MGMT CODE:                      MGMT CODE NAME:  
OWNERSHIP }              MGMT HOLDER CODE:              MGMT HOLDER CODE NAME:  
-----  
PF1 =PREV    PF2 =MAIN    PF7 = NEW ADDRESS    PF8 = NEW BLK/LOT    PF9 = NEW BIN

**DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF ENVIRONMENTAL COMPLIANCE  
ASBESTOS AND LEAD CONTROL PROGRAM  
59-17 JUNCTION BOULEVARD  
CORONA, NY 11368  
JOEL A. MIELE, SR., P.E.  
COMMISSIONER**

**BULK  
ANALYSIS CHAIN OF CUSTODY**

Incident No.: \_\_\_\_\_

Date Sampled: 2/27/02

Premise: 54 Warren St

Boro: MN

Time: 1:00 am/pm

Inspector: Alphonse phungtree  
Print

[Signature]  
Signature

Turnaround Time : Immediate ☒ 24 Hours | | 48 Hours | | 1 Week | |

| SAMPLE NUMBER      | DESCRIPTION      | LOCATION SAMPLED       | LAB ID |
|--------------------|------------------|------------------------|--------|
| 1. 20227   A010006 | Fibrous material | Southwest of the Roof  |        |
| 2. 20227   A010007 | " "              | South East of the Roof |        |
| 3. 20227   A010008 | " "              | MIDWEST OF Roof        |        |
| 4. 20227   A010009 | " "              | Center of Roof         |        |
| 5. 20227   A010010 | " "              | North Center of Roof   |        |
| 6.                 |                  |                        |        |
| 7.                 |                  |                        |        |
| 8.                 |                  |                        |        |
| 9.                 |                  |                        |        |
| 10.                |                  |                        |        |

ANALYSIS REQUESTED: Asbestos PLM | |

Asbestos TEM | |

Lead | |

| Date | Time     | Accepted By | Comments |
|------|----------|-------------|----------|
| 1.   | am<br>pm | Print       |          |
|      |          | Sign        |          |
| 2.   | am<br>pm | Print       |          |
|      |          | Sign        |          |
| 3.   | am<br>pm | Print       |          |
|      |          | Sign        |          |
| 4.   | am<br>pm | Print       |          |
|      |          | Sign        |          |
| 5.   | am<br>pm | Print       |          |
|      |          | Sign        |          |

DEP ACLP REV 5/00

ENTERED

**ASBESTOS CONTROL PROGRAM  
EMERGENCY RESPONSE  
D I A G R A M**

|                                                                                       |                                   |                                   |
|---------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|
| <p><b>NAME</b> <u>Alphonse Phingre</u></p> <p><b>LOCATION</b> <u>54 Warren St</u></p> | <p><b>BADGE #</b> <u>1010</u></p> | <p><b>DATE</b> <u>2/27/02</u></p> |
|---------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|

12 - 14 (2)

**ROOF**

☐ No Visible Debris

☐ Entire Roof Covered with Debris

☒ Partial Roof Covered

☐ Local/Isolated Areas

☒ Gutters

☐ 25% of the roof

☐ 50% of the roof

☐ 75% of the roof

**FACADE**

☐ Clean

☒ Entire Facade req. Clean-up

☐ \_\_\_\_\_ Req. Clean-up



**Department of  
Environmental  
Protection**

59-17 Junction Boulevard  
Corona, New York  
11368-5107

**Joel A. Miele Sr., P.E.  
Commissioner**

**Robert C. Avaltroni  
Deputy Commissioner**

**Bureau of  
Environmental Compliance**  
Tel (718) 595-4418  
Fax (718) 595-4422

February 23, 2002

54 Warren Street LLC c/o Ian Behar  
1385 West Broadway  
New York, NY 10018

**Subject: 54 WARREN STREET  
Second Notice**

Dear Sir/ Madam:

This is a follow-up to the NYC DEP request for copies of the environmental hazard assessments including bulk sample results and air monitoring results and a summary of clean-up activities at the above referenced site. To date, our office has not received the requested documents and information. They may be faxed to (718) 595-3744 or sent to the NYC DEP Asbestos Control Program at 59-17 Junction Boulevard, 8<sup>th</sup> floor, Corona, New York 11373-5108.

Please be advised building owners are responsible for the cleaning of building exteriors, grounds, and common areas. Due to changing conditions and continued activity at Ground Zero, building owners should periodically assess the condition of building exteriors and air conditioning systems for cleanliness and may have to periodically re-clean areas. Adherence to proper cleaning methods is important for the protection of public health and the environment. DEP inspectors will be following up on this matter.

If you have any questions, you may reach the Department at (718) 595-3682 during office hours or the 24-hour Help Center at (718) DEP-HELP. DEP staff is available to provide guidance and technical assistance.

Sincerely,

R. Radhakrishnan, P.E.  
Director  
Asbestos Control Program



[www.nyc.gov/dep](http://www.nyc.gov/dep)

(718) DEP HELP