

ASBESTOS INSPECTION REPORT

PAGE 1 OF 1

PREMISE ADDRESS One Park Row (aka) 1-11 Ann Street					INSPECTION DATE 02/03/03, 2/20&2/21/03	
FLOOR ROOF, Facade	ZIP	BORO CODE 1	BLOCK	LOT	SQUAD 1	BADGE # AO78
INSPECTOR R. RAMMOHAN		BLDG. TYPE	BASIS OF INSPECTION TRU0158MN03		PHOTOS TAKEN Yes	
CONTRACTORS NAME Tri0 Asbestos Removal Corp.				SAMPLE NO. -----		
ADDRESS 14-20, 129 Street College Point				SAMPLE NO. -----		
STATE ZIP PHONE NY 11356 (718) 961-4100				SAMPLE NO. -----		
LABORATORY NAME Warren & Panzer Engineers P.C.				OWNERS NAME United Enterprises Ltd.		
ADDRESS 228 East 45 Street New York				ADDRESS 15 Park Row New York		
STATE ZIP PHONE NY 10017 (212) 922-0077				STATE ZIP PHONE NY 10038		
CONTACT PERSON Alan Mishkin				TIME OF INSPECTION FROM: 7am - 3:30pm		

INSPECTION DISCLOSED:

02/03/03: Project Manager Tony Costa, Handler Supervisor John Ehlers, Cert#83475 and five handlers from Fiber Control, Inc. and John Burgee of Warren&Panzer were on site. A remote decontamination unit was erected on the roof. Handlers began cleaning the A/C units and ducts and air sampling was ongoing. At noon the ducts and A/C units cleaning was completed and handlers began cleaning the roof. At 3:30 pm the roof cleaning was completed.

02/20/03: Handler Supervisor John Ehlers and five handlers from Fiber Control, Inc. and Festy Osemwegie of Warren&Panzer came on site and began setting up the dykes on Ann Street side. The boom truck arrived at 7:45 pm and washing of façade began at 8:20 pm. Air sampling was performed. Ann street side was completed at 12midnight and crew departed from the site.

02/21/03: The same crew came on site and began setting up dyke on Park Row and façade washing began at 7:45pm. Air sampling was performed. At 11:30pm façade washing was completed and the crew departed from the site at 12:10am.

Project was completed.

NOV #	INFRACTIONS					RESULT CODE 5
NOV #						SUPERVISORS INITIALS RP

BORO 1=MANHATTAN 2=BRONX 3=BROOKLYN 4=QUEENS 5=STATEN ISLAND

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 Violation Issued 3 = No access
 4 = Project not Started (no NOV) 5 = Public Owned Property

ACP3093

E 241 WTC



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

FILE 01584N03
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

1. NYCDEP
(See fee schedule)

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal at the NYCDEP requires one copy of the form with original signatures. This form must be submitted to the NYC DEP not less than one week in advance of the start of abatement activities.

I. FACILITY

2. Address 1 PARK ROW Borough N.Y. Zip 10038
AKA 1-11 ANN STREET 3. Block _____ 4. Lot _____
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name UNITED ENTERPRISES LTD. 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address 15 PARK ROW City N.Y. State N.Y. Zip 10038

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
16. Address 3010 BURNS AVE City WANTAGH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN
19. Federal Employer ID. # PII 20. Tel. # 212-982-0077 Fax # 212-922-0630
21. Address 228 EAST 45th STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, LLC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 11/30/03 Projected completion date 2/28/03

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

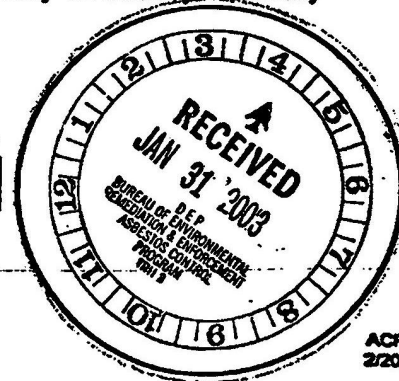
Shift from: ☐ am ☐ pm to ☐ am ☐ pm

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

24,050 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

DEP
BUREAU OF ENVIRONMENTAL
REGULATION & INF. SYSTEMS
ASBESTOS CONTROL
PROGRAM
9/11

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGANO NYS DEC Permit # CT-098 Tel. # 800-272-3867
 Disposal Site(s) SOUTHERN ALLEGHENIES, VALLEY LANDFILL

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)

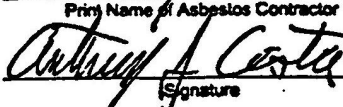
- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

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	
<u>Roof</u>	<u>Asphalt</u>		<u>11000</u>		
<u>Facade</u>			<u>13000</u>		

TELE 01584N 03

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>BOSUN OGUENAKE</u> Print Name of Air Monitor  Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor  Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner)  Signature <u>6-3-02</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.

Alphonso Plumptre [Signature] 1/29/03
 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.