ASBESTOS INSPECTION REPORT

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: Trio Asbestos Removal Corp.	SAMPLE NO.----------
ADDRESS: 14-20, 129 Street CITY: College Point	SAMPLE NO.----------
STATE: NY ZIP: 11356 PHONE: (718) 961-4100	SAMPLE NO.----------
LABORATORY NAME: Warren & Panzer Engineers P.C.	OWNERS NAME: United Enterprises Ltd.
ADDRESS: 228 East 45 Street CITY: New York	ADDRESS: 15 Park Row CITY: New York
STATE: NY ZIP: 10017 PHONE: (212) 922-0077	STATE: NY ZIP: 10038 PHONE
CONTACT PERSON: Alan Mishkin	TIME OF INSPECTION FROM: 7am – 3:30pm

INSPECTION DISCLOSED:

02/03/03: Project Manager Tony Costa, Handler Spervisor 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 erceted 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

E241 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 M 0158 M N03
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYCDEP
(See fee schedule)

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

CONTROL

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. # 212-922-0077 Fax # 212-922-0630

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

22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 1/30/03 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.

RECEIVED JAN 31 '2003 DEP BUREAU OF ENVIRONMENTAL CONSERVATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM REGION 2

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

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

DEP BUREAU OF ENVIRONMENTAL CONSERVATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM REGION 2

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO 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

TM0158HN03

30. LOCATIONS OF ABATEMENT

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM SQUARE FEET *	AMOUNT OF ACM LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
Roof	Asphalt		11000		
Facade			13052		

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

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (if other than Owner)
BOSUN GUERRARCE	ANTHONY COSTA	ANTHONY COSTA
Signature	Signature	Signature
06-03-02	6-3-02	6-3-02
Date	Date	Date

32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized the filing of this notification for the work specified herein.

Alphonso Plumpton — Print Name of Owner

Signature

1/29/03 — 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