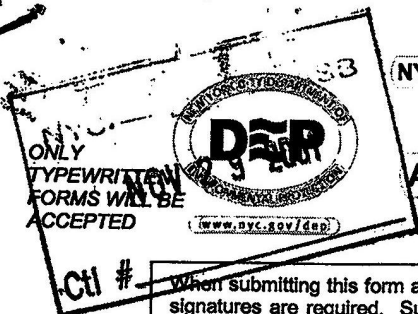




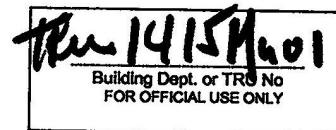
NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

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

ASBESTOS PROJECT NOTIFICATION

(ASBESTOS INSPECTION REPORT)



1. \$1200

(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
EX 167/6.

I. FACILITY

2. Address 53 Park Place Borough Manhattan Zip 10007AKA _____ 3. Block 126 4. Lot 135. Type of Facility Commercial Building 6. Name of Building _____

II. BUILDING OWNER

7. Name Lionshead 110 Development LLC Worldwide Holdings Inc 8. Contact Person Neill Cohen9. Tel. # (212) 486-2000 Fax # (212) 486-466510. Address 150 East 58h Street City New York State NY Zip 10155

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Pinnacle Environmental Corp 13. Contact Person Robert Ryan14. Federal Employer ID. # P11 15. Tel. # (718) 397-9292 Fax # (718) 397-147216. Address 64-54 Maurice Avenue City Maspeth State NY Zip 11378

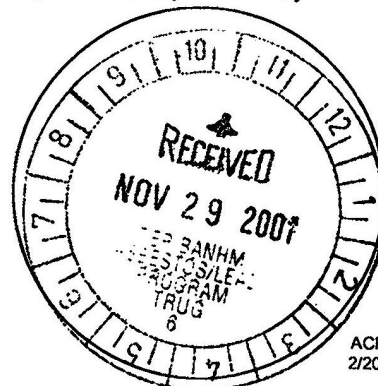
V. THIRD PARTY AIR MONITOR

17. Name Environmental Monitoring & Consulting Assoc 18. Contact Person George Russell19. Federal Employer ID. # P11 20. Tel. # (732) 249-3005 Fax # (732) 249-338421. Address PO Box 872 City Sommerville State NJ Zip 0887622. Sample Analysis Laboratory EM & CA 23. NYS DOH ELAP # 11058-01

VI. PROJECT INFORMATION

24. Starting date for this portion of work 11/28/01 Projected completion date 1/31/02Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ SundayShift from: 7.00 ☒ am ☐ pm to 8.30 ☐ am ☒ pmIf 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

118,000 Square Feet, and/or 0 Linear Feet

ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler Tri State Transfer/ATC NYS DEC Permit # 1A-375/1A-371 TEL.# _____Disposal Site(s) Greenridge Landfill, 1 Landfill Rd, Scottsdale, PA / Meadowfill Landfill, Rte 2, Box 68, Bridgeport

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) Environmental Clean Up

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

TRM 1415 Muo1.

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	
PH	Entire	Debris Clean Up	9,200		Environmental Clean Up
11	Entire	Debris Clean Up	9,200		Environmental Clean Up
10	Entire	Debris Clean Up	9,200		Environmental Clean Up
9	Entire	Debris Clean Up	9,200		Environmental Clean Up
8	Entire	Debris Clean Up	9,200		Environmental Clean Up
7	Entire	Debris Clean Up	12,000		Environmental Clean Up
6	Entire	Debris Clean Up	12,000		Environmental Clean Up
5	Entire	Debris Clean Up	12,000		Environmental Clean Up
4	Entire	Debris Clean Up	12,000		Environmental Clean Up
3	Entire	Debris Clean Up	12,000		Environmental Clean Up

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.

EM & CA Print Name of Air Monitor <u>J Russell</u> Signature <u>11/28/01</u> Date	Pinnacle Environmental Corp Print Name of Asbestos Contractor <u>Robert B</u> Signature <u>11/28/01</u> Date	Pinnacle Environmental Corp Print Name of Applicant (If other than Owner) <u>Robert B</u> Signature <u>11/28/01</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.

Lionshead 110 Development LLC/c/o Worldwide
 Print Name of Owner Holdings Inc
[Signature]
 Signature

11-28-01
 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

PINNACLE

PINNACLE ENVIRONMENTAL CORP.

Handwritten: 11/27/01

November 27, 2001

Mr. Peter Lee Kim
Asbestos Control Program
Department of Environmental Protection
Bureau of Air Resources
59-17 Junction Blvd.
Corona, NY 11368

Re: 53 Park Place, Manhattan, New York 10007
Asbestos Clean up Project



Dear Mr. Lee Kim:

We respectfully wish to inform your department that Pinnacle will perform an emergency asbestos clean up at the above address. A total of 118,000 SF of surface areas will be wet-wiped and HEPA vacuumed. The work will be carried out in the 2nd to 11th Floors, plus Penthouse and corridors using the enclosed guidelines provided by the DEP in conjunction with the consultant's procedures. Isolation barriers will be used to segregate contaminated areas from clean areas. Remote personnel and waste decontamination units will be utilized to access each work area. All handlers will be wearing appropriate P.P.E. EM & CA will carry out final air testing in each apartment upon completion.

Pinnacle wishes to commence this project on Wednesday, November 28th. Work hours will initially be from 7:00 am to 3:30 pm but may be increased depending on work progress.

If you have any questions or comments, please do not hesitate to call.

Sincerely

Handwritten signature of Gerald Nugent

Gerald Nugent
Director of Operations

Enc.

EM&CA



E 107/01

APARTMENT CLEAN UP PROCEDURES

- A. HEPA vacuum and wet wipe all surfaces including all tenant possessions.
- B. Double bag all bed clothes, apparel and other items that can be laundered or dry cleaned in clean, sealed, six mil polyethylene bags with the apartment number clearly marked in large block type. Use permanent markers.
- C. Remove and clean all toilet and kitchen exhaust grills. Decontaminate interior surfaces of all air ducts.
- D. Remove and dispose of all food items.
- E. Thoroughly decontaminate microwave ovens and refrigerators including all interior and exterior surfaces. Remove and dispose of microwave mounted exhaust filters.
- F. Thoroughly decontaminate all objects present within each work area, including but not limited to fixtures, surfaces, furniture, hardware, appurtenances, kitchenware, utensils, cabinets, counters, toilet rooms, closets, floors, windows, tracks, interior and exterior sills, etc.
- G. Remove and dispose of all building standard venetian blinds.
- I. The Contractor shall remove all HVAC system filters and decontaminate each HVAC system including drip pans, plenum area and all associated air ducts within each apartment.
- J. Disassemble and decontaminate all baseboard heating units. Reassemble upon completion.

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 AMENDMENT FORM
FOR FORM ACP 7

FOR OFFICIAL USE ONLY

Fee (if any) \$

Amendment 2001I-2753
Information Only: ☐ Yes ☐ No

A modification is valid only if it is received by the NYCDEP prior to the previously filed date of completion, except for start date changes that must be received by the original start date.

ACP7 TRU/BN# 1415MN01 Facility Address 53 Park Place Borough Manhattan Zip 10007

Date ACP7 was filed 11/29/01 Variance # (if any) _____

Was this ACP7 amended before? ☐ Yes ☒ No If yes, specify date _____

Original Start Date 11/28/01 Original Completion Date 1/31/02 from ACP 7, #24.

PLEASE ENTER THE INFORMATION THAT IS BEING CHANGED:

A notification may be modified no more than twice.
Only the building owner may amend items IV and V.
The original applicant or building owner may amend all other items.

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name _____ 13. Contact Person _____

14. Federal Employer ID. # _____ 15. Tel. # _____ Fax # _____

16. Address _____ City _____ State _____ Zip _____

V. THIRD PARTY AIR MONITOR

17. Name _____ 18. Contact Person _____

19. Federal Employer ID. # _____ 20. Tel. # _____ Fax # _____

21. Address _____ City _____ State _____ Zip _____

22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 11/28/01 Projected completion date 1/31/02
☐ Project Cancelled
☐ Project Postponed

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

Shift from: 7.00 ☒ am ☐ pm to 3.30 ☐ am ☒ pm If other, specify _____

25. Additional asbestos-containing material to be disturbed during this work _____ Square Feet, and/or _____ Linear Feet

Reduction in the amount of ACM to be disturbed during this work _____ Square Feet, and/or _____ Linear Feet

29. Abatement Procedure for Additional Material (Check all appropriate boxes)

☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

Other Changes _____

30. Locations of abatement modified by above _____
(For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner Robert Ryan Tel. # (718) 397-9292

Name of Company (if any) Pinnacle Environmental Corp. Fax # (718) 397-1472

Address 64-54 Maurice Avenue City Maspeth State NY Zip 11378

I hereby declare that the information provided herein is true and complete.

Signature of Applicant / Owner

11/30/01

Date

ACP 8
2/2001