

EMERGENCY ER 42/02

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TR103684402
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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.

2. Address 102 North End Avenue Borough Manhattan Zip 10282

AKA _____ 3. Block 25 (SITE) 4. Lot _____

5. Type of Facility Theatre 6. Name of Building United Artists

II. BUILDING OWNER

7. Name Forrest City Ratner 8. Contact Person John Bowen

9. Tel. # (718) 928-2444 Fax # (718) 923-8796

10. Address 1 Metro Tech Center City Brooklyn State NY Zip 11203

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Pinnacle Environmental Corp 13. Contact Person Richard Doran

14. Federal Employer ID. # PII 15. Tel. # (718) 397-9292 Fax # (718) 397-1472

16. Address 64-45 Maurice Avenue City Maspeth State NY Zip 11378

V. THIRD PARTY AIR MONITOR

17. Name Hillman Environmental 18. Contact Person Joe Hillman

19. Federal Employer ID. # PII 20. Tel. # (908) 688-7800 Fax # (908) 686-2636

21. Address 1600 Route 22 East City Union State NJ Zip 10926

22. Sample Analysis Laboratory Hillman 23. NYS DOH ELAP # 10926

VI. PROJECT INFORMATION

24. Starting date for this portion of work 3/19/02 Projected completion date 4/30/02

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

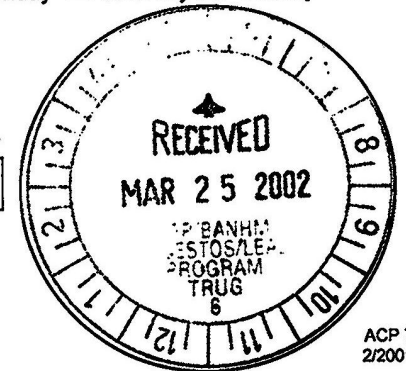
Shift from: 7.00 ☒ am ☐ pm to 12.00 ☒ am ☐ pm

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

5,000 Square Feet, and/or 0 Linear Feet



ACP 7
2/2001

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1832
CONNECTION TEL 95953648
SUBADDRESS
CONNECTION ID
ST. TIME 03/19 10:10
USAGE T 02'28
PGS. SENT 7
RESULT OK



PINNACLE ENVIRONMENTAL CORP.

FACSIMILE TRANSMITTAL SHEET

TO: KRISH R. FROM: Genny
COMPANY: D&P DATE: 3/19/02
FAX NUMBER: 595-3648 NO. OF PAGES INCL. COVER: 7
RE: United Artists Cleanup OPERATOR:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

United Artists Theater on North End Ave,
between Vesey st & Murray st.

We will be cleaning the heavily dusted areas in
Ground Floor Lobby, Intermediate Level Mezzanine
& Concession stand area at top of 1st escalator.

We will set up a decor outside & attached to

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

0012402
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ASBESTOS PROJECT NOTIFICATION
 (ASBESTOS INSPECTION REPORT)

E02/2002

1. \$1200
 (See fee schedule)

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I. FACILITY

2. Address 102 North End Avenue Borough Manhattan Zip 10280
 AKA Lilies Noodle 3. Block 16 4. Lot 1001
 5. Type of Facility Restaurant 6. Name of Building n/a

II. BUILDING OWNER

7. Name Lilies B.P.C. 25 Inc. 8. Contact Person Mr. Ken Yin
 9. Tel. # _____ Fax # (212) 786-1213
 10. Address 102 North End Avenue City Manhattan State NY Zip 10280

III. GENERAL CONTRACTOR

11. Name n/a Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Fiber Control, Inc. 13. Contact Person Mr. Richard Daly
 14. Federal Employer ID. # _____ 15. Tel. # (516) 781-3000 Fax # (516) 781-3085
 16. Address 3010 Burns Avenue City Wantagh State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name Clean Air Testing Labs 18. Contact Person Mr. Lance Tuckruskye
 19. Federal Employer ID. # PII 20. Tel. # (516) 546-2640 Fax # (516) 546-2640
 21. Address 1111 Steele Blvd City Baldwin State NY Zip 11510
 22. Sample Analysis Laboratory same 23. NYS DOH ELAP # 11242

VI. PROJECT INFORMATION

24. Starting date for this portion of work 1/11/02 Projected completion date 2/11/02

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

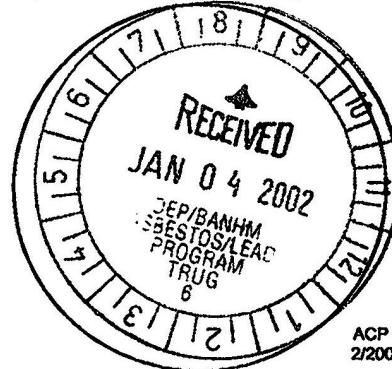
Shift from: 6:30 ☒ am ☐ pm to 3:00 ☐ am ☒ pm

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

4,000 Square Feet, and/or 0 Linear Feet



ACP 7
 2/2001

NYC DEP ASBESTOS CONTROL PROGRAM

EMERGENCY ASBESTOS PROJECT NOTIFICATION (15 RCNY Section 1-56)

notification must be received within 48 hours via
Asbestos Inspection Report (ACP-7)

Cover letter explaining the nature of the emergency

E 101 / 02

Caller's

Name:

Richard Daly

Affiliation:

Fiber Control, Inc.

Telephone #:

(516) 546-2640

2) Nature of Emergency:

WTC Tragedy ACM clean-up

3) Actual Date and Time of Emergency

9/11/01

4) Method of Asbestos Abatement:

Removal _____ Sq. ft. _____ L. ft.

Repair _____ Sq. ft. _____ L. Ft

Encapsulation _____ Sq. ft. _____ L. ft.

Clean-up 4000 Sq. ft. _____ L. ft.

Enclosure _____ Sq. ft. _____ L. ft.

Facility Address:

102 North End Ave, Man.

Owner/Agent: Contact Person

Tel.

Location of Asbestos Abatement:

Asbestos Abatement Contractor:

Name:

Fiber Control, Inc

Address:

Telephone #:

()

Starting Date:

1/11/02

Projected Completion Date:

2/11/02

Verification
by Owner/Agent:

Yes.
No.

Call Taken By:

JR

Date:

Enforcement (Urgent).

FIBER CONTROL, INC.

3010 BURNS AVENUE • WANTAGH, NEW YORK 11793

(516) 781-3000 FAX (516) 781-3085

E 01/02

Wednesday, January 09, 2002

City of New York
Department of Environmental Protection
59-17 Junction Blvd., 8th Floor
Corona, NY 11368-5107
Attn: Ms. Norma Richardson

Re: TRU0012MN02-Emergency #e1/02
Lilies Noodle, 102 North End Ave., New York, NY

Dear Norma,

Pursuant to our discussion I would like to summarize the asbestos dust cleanup scope of work. We will perform the following tasks:

1. Erect a decon unit inside the work area following cleaning of the area within a tent.
2. Perform electrical lock out, tag out.
3. Install critical barriers.
4. Install negative air filtration.
5. Using HEPA equipped vacuums, clean walls, floor, and ceilings.
6. Clean tables, chairs, fixtures, and windows.
7. Dispose of perishables and ceiling tiles as ACM waste.
8. Daily monitoring performed by third party firm.
9. Only licensed asbestos workers allowed at job site.

If I can be of any further assistance to answer or clarify any questions, do not hesitate to call. As always, I appreciate your help in this important matter.

Sincerely,



Peter Grande
Project Manager

PG:as

E 01/2002

Lilies Noodle
102 North End Avenue
New York, NY 10280
Ph: 212-786-1300
Fax: 212-786-1213

New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Blvd., 8th Floor
Corona, NY 11368-5107
Attn: Ms. Lisa Reyna

Re: Lilies Noodle Restaurant
102 North End Avenue
New York, NY

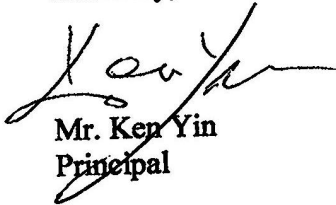
Dear Ms. Reyna,

At this time we request a seven-day waiver of the asbestos project notification period for the above listed project.

Our restaurant is located at the site of the Ground Zero Attack. Asbestos contamination is throughout our restaurant. We have hired a licensed contractor to clean up the mess. In order to access the space we need to first clean the asbestos before we can retrieve our records, maintain the mechanical systems, and resume operations.

I appreciate your help in this important matter.

Sincerely,



Mr. Ken Yin
Principal

KY:as



THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION
JOEL A. MIELE, SR., P.E. Commissioner

ROBERT C. AVALTRONI
Deputy Commissioner

Bureau of
Air, Noise, & Hazardous
Materials

(718) 595-4418
(718) 595-4422
3648

ASBESTOS CONTROL PROGRAM TECHNICAL REVIEW UNIT
ACP-7 CORRECTION FORM

PREMISES ADDRESS 102 North End Ave.

BOROUGH manhattan

ZIP CODE 10280

CORRECT
START DATE 1-11-02

CORRECT
COMPLETION DATE 2-11-02

CORRECT ACM QUANTITY: _____ SQUARE FEET, AND/OR _____ LINEAR FEET

Correct Method Of Abatement: _____

Confirmation Of Change(s) Of Date(s) and/ACM Quantity As Noted Above

The undersigned affirms that she/he has been instructed verbally to change or confirm the date(s) and/or ACM quantity, by Ms./Mr. _____, who is duly authorized to represent the organization/agency/company/corporation stated in the form ACP-7 regarding the above-noted facility address to be the (Please check one box only):

☒ Asbestos Abatement Contractor

☐ Applicant for the asbestos project.

The Undersigned Is Employed by

Fiber Control

Organization/ Agency/ Company/ Corporation

3010 Burns Ave. Watauga NY 11793

Address

516-781-3000

Telephone #

Peter Grande

Print Name

[Signature]

Signature

59-17 Junction Boulevard, 11th Floor, Corona, New York 11368-5107

TRU N4.8/9