TOTAL FEET: 15510 0

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS INSPECTION REPORT

Basis of Inspection: TRU0807MN02

FEE EXEMPT: Yes

1. $0.00

☐ Variance

ONLY TYPEWRITTEN APPLICATIONS WILL BE ACCEPTED

NOTE: ASBESTOS INSPECTION REPORT SHALL BE SUBMITTED TO NYC DEP NOT LESS THAN ONE WEEK IN ADVANCE OF START OF THE WORK (ABATEMENT ACTIVITIES)

START DATE: 6/7/02 PROJ. COMPLETION DATE: 7/7/02

I. FACILITY

ADDRESS: 49 BROADWAY BORO: MANHATTAN ZIP: 10006

TYPE OFFACILITY: BLOCK: LOT:

II. BUILDING OWNER

NAME: STAHL MIDTOWN PROPERTY Contact MICHAEL

TEL. #:

ADDRESS: N/A CITY: STATE: ZIP:

IV. ASBESTOS ABATEMENT CONTRACTOR

NAME: TRIO ASBESTOS REMOVAL CORPORATION

TEL. #: (718) 961-4100 FEDERAL EMPLOYER IDENTIFICATION # : PII

ADDRESS: 14-20 129TH STREET CITY: COLLEGE POINT STATE: JN ZIP: 11356

VI. LABORATORY FOR SAMPLE ANALYSIS NAME: WKP LABORATORIES C/O WARREN & PANZER E

NYS ELAP #: 11251

ASBESTOS WORK SCHEDULE ☐ DAY ☐ EVENING ☐ NIGHT ☐ WEEKENDS ☐ WEEKDAYS

INSPECTOR NAME: Carl Lutchmedial SQUAD #: 1 BADGE #: 7058

DATE OF INSPECTION: 6 / 8 /02 TIME OF INSPECTION: From: 8 AM ☒ PM ☐

Contact at site: MICHAEL JAN WOLKOWICZ # 84919 To: 4 AM ☒ PM ☐

Inspection disclosed that the following sections were complied with: (Check all that apply)

☑ 1-51 - Notifications, Reports, Pla	☑ 1-71 - Air Sampling and Monitorin	☒ 1-91 - Worker Protection
☐ 1-101 - Materials and Equipment	☐ 1-116 - Work Place Preparation	☑ 1-117 - Worker Decontamination System
☐ 1-118 - Waste Decontamination System	☐ 1-126 - Engineering Controls	☐ 1-127 - Entry/Exit Procedures
☐ 1-129 - Maintenance of Barriers	☐ 1-138 - Encapsulation	☐ 1-139 - Enclosure
☐ 1-140 - Glovebag	☐ 1-141 - Tent	☐ 1-137 - ACM Disturbance, RemoveL, Handling
☐ 1-146 - Preliminary Clean-up	☐ 1-147 - Final Clean-up	

☐ Project not started . Inspection revealed all ACM to be intact. New start date: / /

☒ Project ongoing, expected completion date: 6 /14 /2002

☐ Project completed on or about / / . All surfaces, including abated surfaces are free of visible ACM and encapsulat

☐ Follow up necessary on / /

Samples taken: ☒ No ☐ Yes 1 2 3

4 5 6 Photos taken: ☐ Yes ☒ No

Additional comments: Project supervisor on site Steven Parmigiani of Trio. Equipment brought unto Roof with bucket trucks. 55 Gallons drums also on site to store water. Decon built on pre-cleaned area. Eight workers on site plus air monitor Fernandez of Warren + Panzer. Today store owner has to close early. Only cleaning and mobilization of Decon completed.

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

RESULT CODES 1 = VIOLATION ISSUED 2 = NO VIOLATION ISSUED 3 = NO ACCESS 4 = PROJECT NOT STARTED (NO NOV) 5 = PROJECT COMPLETED (NO NOV)

RESULT CODE 2

SUPERVISOR INITIALS

TOTAL FEET: 15510 0

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS INSPECTION REPORT

Basis of Inspection: TRU0807MN02

FEE EXEMPT: Yes

1. $0.00

☐ Variance

ONLY TYPEWRITTEN APPLICATIONS WILL BE ACCEPTED

NOTE: ASBESTOS INSPECTION REPORT SHALL BE SUBMITTED TO NYC DEP NOT LESS THAN ONE WEEK IN ADVANCE OF START OF THE WORK (ABATEMENT ACTIVITIES)

START DATE: 6/7/02 PROJ. COMPLETION DATE: 7/7/02

I. FACILITY

ADDRESS: 49 BROADWAY BORO: MANHATTAN ZIP: 10006

TYPE OFFACILITY: BLOCK: LOT:

II. BUILDING OWNER

NAME: STAHL MIDTOWN PROPERTY Contact MICHAEL

TEL. #:

ADDRESS: N/A CITY: STATE: ZIP:

IV. ASBESTOS ABATEMENT CONTRACTOR

NAME: TRIO ASBESTOS REMOVAL CORPORATION

TEL. #: (718) 961-4100 FEDERAL EMPLOYER IDENTIFICATION # : PII

ADDRESS: 14-20 129TH STREET CITY: COLLEGE POINT STATE:)N ZIP: 11356

VI. LABORATORY FOR SAMPLE ANALYSIS NAME: WKP LABORATORIES C/O WARREN & PANZER E

NYS ELAP #: 11251

ASBESTOS WORK SCHEDULE ☐ DAY ☐ EVENING ☐ NIGHT ☐ WEEKENDS ☐ WEEKDAYS

INSPECTOR NAME: Carl Lutchmedial SQUAD #: 1 BADGE #: A058

DATE OF INSPECTION: 6 /9 /02 TIME OF INSPECTION: From: 8 AM ☒ PM ☐

Contact at site: ~~MICHAEL~~ Jan Wolkowicz - Supervisor To: 4 AM ☒ PM ☒

Inspection disclosed that the following sections were complied with: (Check all that apply)

☐ 1-51 - Notifications, Reports, Pla	☒ 1-71 - Air Sampling and Monitorin	☒ 1-91 - Worker Protection
☐ 1-101 - Materials and Equipment	☒ 1-116 - Work Place Preparation	☒ 1-117 - Worker Decontamination System
☐ 1-118 - Waste Decontamination System	☐ 1-126 - Engineering Controls	☐ 1-127 - Entry/Exit Procedures
☐ 1-129 - Maintenance of Barriers	☐ 1-138 - Encapsulation	☐ 1-139 - Enclosure
☐ 1-140 - Glovebag	☐ 1-141 - Tent	☐ 1-137 - ACM Disturbance, RemoveL, Handling
☐ 1-146 - Preliminary Clean-up	☐ 1-147 - Final Clean-up	

☐ Project not started . Inspection revealed all ACM to be intact. New start date: / /

☐ Project ongoing, expected completion date: / /

☐ Project completed on or about / / . All surfaces, including abated surfaces are free of visible ACM and encapsulat

☐ Follow up necessary on / /

Samples taken: ☐ No ☐ Yes 1 2 3

4 5 6 Photos taken: ☐ Yes ☐ No

Additional comments: Clean up ongoing on roof, six workers on site Personnel of Warren - Panzer also on site.

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

RESULT CODES 1 = VIOLATION ISSUED 2 = NO VIOLATION ISSUED 3 = NO ACCESS 4 = PROJECT NOT STARTED (NO NOV) 5 = PROJECT COMPLETED (NO NOV)

RESULT CODE 2

SUPERVISOR INITIALS

TOTAL FEET: 15510 0

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS INSPECTION REPORT

Basis of Inspection: TRU0807MN02

FEE EXEMPT: Yes

1. $0.00

☐ Variance

ONLY TYPEWRITTEN APPLICATIONS WILL BE ACCEPTED

NOTE: ASBESTOS INSPECTION REPORT SHALL BE SUBMITTED TO NYC DEP NOT LESS THAN ONE WEEK IN ADVANCE OF START OF THE WORK (ABATEMENT ACTIVITIES)

START DATE: 6/7/02 PROJ. COMPLETION DATE: 7/7/02

I. FACILITY

ADDRESS: 49 BROADWAY BORO: MANHATTAN ZIP: 10006

TYPE OFFACILITY: BLOCK: LOT:

II. BUILDING OWNER

NAME: STAHL MIDTOWN PROPERTY Contact MICHAEL

TEL. #:

ADDRESS: N/A CITY: STATE: ZIP:

IV. ASBESTOS ABATEMENT CONTRACTOR

NAME: TRIO ASBESTOS REMOVAL CORPORATION

TEL. #: (718) 961-4100 FEDERAL EMPLOYER IDENTIFICATION # : PII

ADDRESS: 14-20 129TH STREET CITY: COLLEGE POINT STATE: NY ZIP: 11356

VI. LABORATORY FOR SAMPLE ANALYSIS NAME: WKP LABORATORIES C/O WARREN & PANZER E

NYS ELAP #: 11251

ASBESTOS WORK SCHEDULE ☐ DAY ☐ EVENING ☐ NIGHT ☐ WEEKENDS ☐ WEEKDAYS

INSPECTOR NAME: CARL LUTCHMEDIAL SQUAD #: 1 BADGE #: A058

DATE OF INSPECTION: 6/16/02 TIME OF INSPECTION: From: 8 AM ☒ PM ☐

Contact at site: ~~MICHAEL~~ JAN WOLKOWICZ To: 4 AM ☐ PM ☒

Inspection disclosed that the following sections were complied with: (Check all that apply)

☑ 1-51 - Notifications, Reports, Pla	☐ 1-71 - Air Sampling and Monitorin	☑ 1-91 - Worker Protection
☐ 1-101 - Materials and Equipment	☑ 1-116 - Work Place Preparation	☑ 1-117 - Worker Decontamination System
☐ 1-118 - Waste Decontamination System	☐ 1-126 - Engineering Controls	☑ 1-127 - Entry/Exit Procedures
☐ 1-129 - Maintenance of Barriers	☐ 1-138 - Encapsulation	☐ 1-139 - Enclosure
☐ 1-140 - Glovebag	☐ 1-141 - Tent	☑ 1-137 - ACM Disturbance, Removel, Handling
☐ 1-146 - Preliminary Clean-up	☐ 1-147 - Final Clean-up	

☐ Project not started . Inspection revealed all ACM to be intact. New start date: / /

☐ Project ongoing, expected completion date: / /

☐ Project completed on or about / / . All surfaces, including abated surfaces are free of visible ACM and encapsulat

☐ Follow up necessary on / /

Samples taken: ☐ No ☐ Yes 1 2 3

4 5 6 Photos taken: ☐ Yes ☐ No

Additional comments: Final cleaning of roof taking place. By the end of the day Jan said that they were ready for a final inspection. However, half of the roof could not be inspected because of ACM bags + equipment. Trio was requested to remove all bags + equipment.

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RESULT CODES 1 = VIOLATION ISSUED 2 = NO VIOLATION ISSUED 3 = NO ACCESS 4 = PROJECT NOT STARTED (NO NOV) 5 = PROJECT COMPLETED (NO NOV)

RESULT CODE 2

SUPERVISOR INITIALS

TOTAL FEET: 15510 0

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS INSPECTION REPORT

Basis of Inspection: TRU0807MN02

FEE EXEMPT: Yes

1. $0.00

☐ Variance

ONLY TYPEWRITTEN APPLICATIONS WILL BE ACCEPTED

NOTE: ASBESTOS INSPECTION REPORT SHALL BE SUBMITTED TO NYC DEP NOT LESS THAN ONE WEEK IN ADVANCE OF START OF THE WORK (ABATEMENT ACTIVITIES)

START DATE: 6/7/02 PROJ. COMPLETION DATE: 7/7/02

I. FACILITY

ADDRESS: 49 BROADWAY BORO: MANHATTAN ZIP: 10006

TYPE OFFACILITY: BLOCK: LOT:

II. BUILDING OWNER

NAME: STAHL MIDTOWN PROPERTY Contact MICHAEL

TEL. #:

ADDRESS: N/A CITY: STATE: ZIP:

IV. ASBESTOS ABATEMENT CONTRACTOR

NAME: TRIO ASBESTOS REMOVAL CORPORATION

TEL. #: (718) 961-4100 FEDERAL EMPLOYER IDENTIFICATION # : PII

ADDRESS: 14-20 129TH STREET CITY: COLLEGE POINT STATE: JN ZIP: 11356

VI. LABORATORY FOR SAMPLE ANALYSIS NAME: WKP LABORATORIES C/O WARREN & PANZER E

NYS ELAP #: 11251

ASBESTOS WORK SCHEDULE ☐ DAY ☐ EVENING ☐ NIGHT ☐ WEEKENDS ☐ WEEKDAYS

INSPECTOR NAME: R-Ramnohan SQUAD #: 1 BADGE #: A078

DATE OF INSPECTION: 6/30/02 TIME OF INSPECTION: From: 11 30 AM ☒ PM ☐

To: 12 45 AM ☐ PM ☒

Contact at site: [redacted] Saba Simic, 88152, John H. Boyd AH 90-05530.

Inspection disclosed that the following sections were complied with: (Check all that apply)

☐ 1-51 - Notifications, Reports, Pla	☐ 1-71 - Air Sampling and Monitorin	☐ 1-91 - Worker Protection
☐ 1-101 - Materials and Equipment	☐ 1-116 - Work Place Preparation	☐ 1-117 - Worker Decontamination System
☐ 1-118 - Waste Decontamination System	☐ 1-126 - Engineering Controls	☐ 1-127 - Entry/Exit Procedures
☐ 1-129 - Maintenance of Barriers	☐ 1-138 - Encapsulation	☐ 1-139 - Enclosure
☐ 1-140 - Glovebag	☐ 1-141 - Tent	☐ 1-137 - ACM Disturbance, RemoveL, Handling
☐ 1-146 - Preliminary Clean-up	☐ 1-147 - Final Clean-up	

☐ Project not started _____. Inspection revealed all ACM to be intact. New start date: / /

☐ Project ongoing, expected completion date: / /

☐ Project completed on or about / / . All surfaces, including abated surfaces are free of visible ACM and encapsulat

☐ Follow up necessary on / /

Samples taken: ☒ No ☐ Yes 1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____ Photos taken: ☐ Yes ☒ No

Additional comments: Joseph Bender of Trio was present on site. The single story facade was vacuumed and washed with airless sprayer. The clearance inspection was passed at 12 45 pm. and the crew moved the boom Truck to 67 Greenwich St prior to breaking for Lunch. ACP/ENF Director C. Lutchmedial. visited the site @ several occasions during the cleanup.

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

RESULT CODES 1 = VIOLATION ISSUED 2 = NO VIOLATION ISSUED 3 = NO ACCESS 4 = PROJECT NOT STARTED (NO NOV) 5 = PROJECT COMPLETED (NO NOV)

RESULT CODE 2 5

SUPERVISOR INITIALS

AKA 49 BROADWAY

31

NYDEC 1A-371

NYDCA 483056

Asbestos Transportation Co., Inc.

P.O. BOX 1044
HAMPTON BAYS, N.Y. 11946

TOLL FREE
1-800-755-ØATC
"EMERGENCY NUMBER"

PHONE 631-924-5050
FAX 631-924-5085

Waste Manifest #	Job #	Floor or Location	Cust #
36391D			122

1. Work Site Name and Mailing Address

25 TRINITY PL.
NEW YORK, N.Y.

Owner's Name, Address, Phone Number

D.E.P.
5817 JUNCTION BLVD.
CORONA, N.Y.

Contractor's Name, Address

TRIO
14-20 129TH STREET
COLLEGE POINT, NY

Waste Disposal Site

MEADOWFILL LANDFILL
RT. #2, BOX 68
BRIDGEPORT, WV. 26330

Name and Address of Responsible NESHAPS Agency — Other ☐ _____

U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007

Description of Materials	Bags -	Cubic Yds. -
☐ RQ Waste Asbestos, Class 9, NA2212, PGIII ☐ Other _____		12
☐ RQ Waste White Asbestos, Class 9, UN2590, PGIII	Drums or Tons -	OTHER -

Special Handling Instructions and Additional Information

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international government regulations.

Printed/Typed Name	Title	Signature	Date (M/DD/YY)
JAN WOLKENSTEIN	SUPERVISOR		6/18

Transporter 1 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: Printed Name: Richard Johnson Title: **DRIVER**	**631-924-5050** Date 6/18/02

Transporter 2 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: Printed Name: Title: **DRIVER**	**631-924-5050** Date 6/22/02

Discrepancy Indication Space:

MEADOWFILL LANDFILL
(304) 842-2784

Company Name and Address

Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted)

	Telephone No.
Signature:	
Printed Name:	Date
Title:	6/24/02

49 BROADWAY 31

NYDEC 1A-371 NYDCA 483056

Asbestos Transportation Co., Inc.

P.O. BOX 1044
HAMPTON BAYS, N.Y. 11946

TOLL FREE
1-800-755-ØATC
"EMERGENCY NUMBER"

PHONE 631-924-5050
FAX 631-924-5085

Waste Manifest #	Job #	Floor or Location	Cust #
36391D			122

1. Work Site Name and Mailing Address	Owner's Name, Address, Phone Number
25 TRINITY PL. NEW YORK, N.Y.	D.E.P. 5817 JUNCTION BLVD. CORONA, N.Y.
Contractor's Name, Address	**Waste Disposal Site**
TRIO 14-20 29TH STREET COLLEGE POINT, NY	MEADOWFILL LANDFILL RT. #2, BOX 68 BRIDGEPORT, WV. 26330

Name and Address of Responsible NESHAPS Agency Other ☐ _____

U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007

Description of Materials	Bags -	Cubic Yds. - 12
☐ RQ Waste Asbestos, Class 9, NA2212, PGIII ☐ Other _____	Drums or Tons -	OTHER -
☐ RQ Waste White Asbestos, Class 9, UN2590, PGIII		

Special Handling Instructions and Additional Information

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international government regulations.

Printed/Typed Name	Title	Signature	Date (M/DD/YY)
JAN MOLLENKOPF	SUPERVISOR	X	6/18

Transporter 1 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: Printed Name: Richard Johnson Title: **DRIVER**	**631-924-5050** Date 6/18/02

Transporter 2 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: Printed Name: Title: **DRIVER**	**631-924-5050** Date 6-22-02

Discrepancy Indication Space:

Company Name and Address	Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted)	
MEADOWFILL LANDFILL 1(304)842-2784	Signature: Printed Name: Title:	Telephone No. Date 6-24-02

21

NYDEC 1A-371 NYDCA 483056

Asbestos Transportation Co., Inc.

P.O. BOX 1044
HAMPTON BAYS, N.Y. 11946

TOLL FREE
1-800-755-ØATC
"EMERGENCY NUMBER"

PHONE 631-924-5050
FAX 631-924-5085

Waste Manifest #	Job #	Floor or Location	Cust #
36349			122

1. Work Site Name and Mailing Address	Owner's Name, Address, Phone Number
49 BROADWAY NEW YORK.N.Y.	D.E.P. 5817 JUNCTION BLVD. CORONA,N.Y.
Contractor's Name, Address	**Waste Disposal Site**
TRIO 14-20 129TH STREET COLLEGE POINT, NY	MEADOWFILL LANDFILL RT. #2. BOX 6S BRIDGEPORT. WV. 26330

Name and Address of Responsible NESHAPS Agency Other ☐ _____

U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007

Description of Materials	Bags -	Cubic Yds. -
X ☐ **RQ Waste Asbestos, Class 9, NA2212, PGIII** ☐ **Other** _____		20
☐ **RQ Waste White Asbestos, Class 9, UN2590, PGIII**	Drums or Tons -	OTHER -

Special Handling Instructions and Additional Information

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international government regulations.

Printed/Typed Name _____ Title _____ X Signature _____ Date (M/DD/YY) 6/15/02

Transporter 1 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: Steve Williamson Printed Name: Steve Williamson Title: **DRIVER**	**631-924-5050** Date 6/18/02

Transporter 2 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: Printed Name: Carl Rotchen Title: **DRIVER**	**631-924-5050** Date 6-19-02

Discrepancy Indication Space:

MEADOWFILL LANDFILL 1(304)842-2784 Company Name and Address	Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted) Signature: Printed Name: Title:	Telephone No. Date 6-19-02