

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ASBESTOS INSPECTION REPORT

TOTAL FEET: 7600 0

Basis of Inspection: 

|    |    |    |
|----|----|----|
| FL | SF | LF |
| RO | 0  | 0  |

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)

FEE EXEMPT: Yes Free 13,057  
1. \$0.00

START DATE: 11/7/2002 COMPLETION DATE: 11/12/2002

I. FACILITY

ADDRESS: 41 Broad Street BORO: MANHATTAN ZIP: \_\_\_\_\_  
TYPE OFFACILITY: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

II. BUILDING OWNER

NAME: N/A Walwihal Associates  
TEL. #: \_\_\_\_\_  
ADDRESS: N/A N/A N/A N/A CITY: N/A STATE: N/A ZIP: 11368

IV. ASBESTOS ABATEMENT CONTRACTOR

NAME: TRIO ASBESTOS REMOVAL CORP  
TEL. #: (718) 961-4100 FEDERAL EMPLOYER IDENTIFICATION #: PII  
ADDRESS: 14-20 129TH STREET CITY: COLLEGE POINT STATE: NY ZIP: 11356

V. THIRD PARTY AIR MONITOR

NAME: WARREN & PANZER GROUP  
TEL. #: \_\_\_\_\_  
ADDRESS: 228 EAST 45TH STREET CITY: NEW YORK STATE: NY ZIP: 10017

VI. LABORATORY FOR SAMPLE ANALYSIS

NAME: WKP LABORATORIES C/O WARREN & PANZER  
NYS ELAP #: 11251

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

INSPECTOR NAME: R. Rammohan SQUAD #: 1 BADGE #: A478

DATE OF INSPECTION: 11/08/02 - 11/12/02 TIME OF INSPECTION: From: 8 am AM ☒ PM ☐

To: 5 pm AM ☐ PM ☒

Contact at site: Ireneusz Womaczyl, #39, Celestine Obika w.k.p.

|                                                                                                                                                                                                                                                |                                                             |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|
| Inspection disclosed that the following sections were complied with: (Check all that apply)                                                                                                                                                    |                                                             |                                                                     |
| <input type="checkbox"/> 1-51 - Notifications, Reports, Plan                                                                                                                                                                                   | <input type="checkbox"/> 1-71 - Air Sampling and Monitoring | <input type="checkbox"/> 1-91 - Worker Protection                   |
| <input type="checkbox"/> 1-101 - Materials and Equipment                                                                                                                                                                                       | <input type="checkbox"/> 1-116 - Work Place Preparation     | <input type="checkbox"/> 1-117 - Worker Decontamination System      |
| <input type="checkbox"/> 1-118 - Waste Decontamination System                                                                                                                                                                                  | <input type="checkbox"/> 1-126 - Engineering Controls       | <input type="checkbox"/> 1-127 - Entry/Exit Procedures              |
| <input type="checkbox"/> 1-129 - Maintenance of Barriers                                                                                                                                                                                       | <input type="checkbox"/> 1-138 - Encapsulation              | <input type="checkbox"/> 1-139 - Enclosure                          |
| <input type="checkbox"/> 1-140 - Glovebag                                                                                                                                                                                                      | <input type="checkbox"/> 1-141 - Tent                       | <input type="checkbox"/> 1-137 - ACM Disturbance, Removal, Handling |
| <input type="checkbox"/> 1-146 - Preliminary Clean-up                                                                                                                                                                                          | <input type="checkbox"/> 1-147 - Final Clean-up             |                                                                     |
| <input type="checkbox"/> Project not started _____ . Inspection                                                                                                                                                                                |                                                             |                                                                     |
| revealed all ACM to be intact. New start date: _____                                                                                                                                                                                           |                                                             |                                                                     |
| <input type="checkbox"/> Project ongoing, expected completion date: _____                                                                                                                                                                      |                                                             |                                                                     |
| <input type="checkbox"/> Project completed on or about: _____ . All surfaces, including abated surfaces are free of visible ACM and encapsulate                                                                                                |                                                             |                                                                     |
| <input type="checkbox"/> Follow up necessary on _____                                                                                                                                                                                          |                                                             |                                                                     |
| Samples taken: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 1 _____ 2 _____ 3 _____                                                                                                                                     |                                                             |                                                                     |
| 4 _____ 5 _____ 6 _____ Photos taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                      |                                                             |                                                                     |
| Additional comments: <u>11/08/02: crew began mobilizing, erected the decon on 8th floor and began washing the 8th floor setback.</u>                                                                                                           |                                                             |                                                                     |
| <u>11/09/02: With the 120 ft boom truck facade washing on Broad Street started. No water &amp; power in the building, and a generator was used. Water was taken from a hydrant across the street. Washing completed at the end of the day.</u> |                                                             |                                                                     |
| <u>11/11/02: Crew began cleaning the main &amp; elevated roofs.</u>                                                                                                                                                                            |                                                             |                                                                     |
| <u>11/12/02: All roof cleaning was completed and visual inspection was satisfactory.</u>                                                                                                                                                       |                                                             |                                                                     |

BORO 1 = MANHATTAN 2 = BRONX 3 = BROOKLYN 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

5

SUPERVISOR INITIALS

all

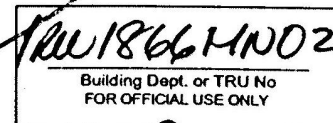
222WTC

ONLY  
TYPEWRITTEN  
FORMS WILL BE  
ACCEPTED



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

**ASBESTOS PROJECT NOTIFICATION**  
(ASBESTOS INSPECTION REPORT)



1. Dep  
(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 41 BROAD STREET Borough Manhattan Zip \_\_\_\_\_  
AKA \_\_\_\_\_ 3. Block \_\_\_\_\_ 4. Lot \_\_\_\_\_  
5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

**II. BUILDING OWNER**

7. Name WALWIHAL ASSOCIATES 8. Contact Person \_\_\_\_\_  
9. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_  
10. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**III. GENERAL CONTRACTOR**

11. Name \_\_\_\_\_ Tel. # \_\_\_\_\_

**IV. ASBESTOS ABATEMENT CONTRACTOR**

12. Name TRIO ASBESTOS REMOVAL CORP. 13. Contact Person STEVEN PARMIGIANI  
14. Federal Employer ID. # P11 15. Tel. # (718) 961-4100 Fax # (718) 961-4103  
16. Address 14-20 129 STREET City COLLEGE POINT State NY Zip 11356

**V. THIRD PARTY AIR MONITOR**

17. Name WARREN & PANZER ENGINEERS, P.C. 18. Contact Person MIKE NOLAN  
19. Federal Employer ID. # \_\_\_\_\_ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630  
21. Address 228 EAST 45 STREET City NEW YORK State NY Zip 10017  
22. Sample Analysis Laboratory WARREN & PANZER ENG., P.C. 23. NYS DOH ELAP # 11251

**VI. PROJECT INFORMATION**

24. Starting date for this portion of work 11/08/02 Projected completion date 11/15/02

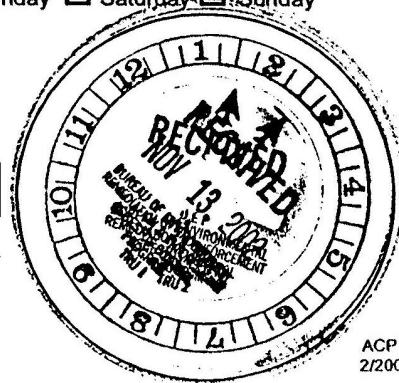
Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday

Shift from: 8:00 ☒ am ☐ pm to 8:00 ☐ 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  
13,057 Square Feet, and/or 0 Linear Feet



ACP 7  
2/2001

DEP  
BUREAU OF ENVIRONMENTAL  
REMEDICATION & ENFORCEMENT  
ASBESTOS CONTROL  
PROGRAM  
TRU 2

**ASBESTOS INSPECTION REPORT (continued)**

26. Asbestos Hauler ASBESTOS TRANS. CO. NYS DEC Permit # 1A-371 Tel.# (631) 924-5050

Disposal Site(s) IMPERIAL- P.O. 47, 11 BOGGS RD., PA. / SOUTHERN ALLEGHANIES - VALLEYVIEW DR., PA.

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

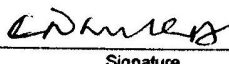
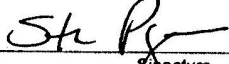
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

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

**30. LOCATIONS OF ABATEMENT**

| Floor(s) | DESCRIBE SECTION OF FLOOR<br>(e.g. entire, east wing, room #, boiler room, lobby, etc) | AFFECTED SURFACES CONTAINING ACM<br>(e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.) | AMOUNT OF ACM<br>SQUARE FEET      LINEAR FEET | DESCRIPTION OF WORK BEING PERFORMED<br>(e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.) |
|----------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 1-10 FL. | FACADE                                                                                 | WINDOWS, LEDGES                                                                                              | 3,380                                         | ITEM # 8                                                                                                                      |
| ROOF     | MAIN & SETBACK                                                                         | ASPHALT & DUNNAGE                                                                                            | 9,677                                         | ITEM # 3                                                                                                                      |
|          |                                                                                        |                                                                                                              |                                               |                                                                                                                               |
|          |                                                                                        |                                                                                                              |                                               |                                                                                                                               |
|          |                                                                                        |                                                                                                              |                                               |                                                                                                                               |
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|          |                                                                                        |                                                                                                              |                                               |                                                                                                                               |
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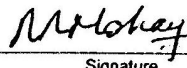
31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

|                                                                                                                                                                                                   |                                                                                                                                                                                                 |                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>WARREN &amp; PANZER ENG., P.C.</b><br>Print Name of Air Monitor<br><br>Signature<br><u>11/08/02</u><br>Date | <b>TRIO ASBESTOS REMOVAL</b><br>Print Name of Asbestos Contractor<br><br>Signature<br><u>11-8-02</u><br>Date | <b>STEVEN PARMIGIANI</b><br>Print Name of Applicant (If other than Owner)<br><br>Signature<br><u>11-8-02</u><br>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.

NYC DEP

Print Name of Owner



Signature

11/08/02

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

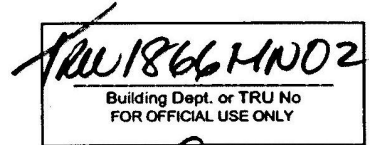
11/22/02  
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ACP 7  
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DEP  
BUREAU OF ENVIRONMENTAL  
REMEDIATION & ENFORCEMENT  
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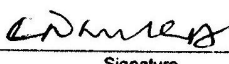
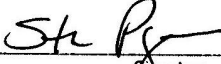
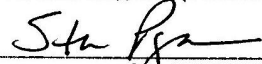
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|          |                                                                                         |                                                                                                              |                              |             |                                                                                                                               |
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|          |                                                                                         |                                                                                                              |                              |             |                                                                                                                               |
|          |                                                                                         |                                                                                                              |                              |             |                                                                                                                               |

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|                                                                                                                                                                                                   |                                                                                                                                                                                                 |                                                                                                                                                                                                           |
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NYC DEP  
 Print Name of Owner

M. Mohay  
 Signature

11/08/02  
 Date

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