NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS INSPECTION REPORT

TOTAL FEET: 7600 0

Basis of Inspection: TRU1866MN02

FL	SF	LF
RO	[redacted]	0

& Facil 13,057

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
1. $0.00

START DATE: [redacted]/2002 COMPLETION DATE: [redacted]/2002

I. FACILITY

ADDRESS: 41 Broad Street BORO: MANHATTAN ZIP:

TYPE OFFACILITY: BLOCK: LOT:

II. BUILDING OWNER

NAME: N/A Wadwihal 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: WAREN & 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 Womoczyl, 8839, Celestine Obika. WKP.

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

☐ 1-51 - Notifications, Reports, Plan	☐ 1-71 - Air Sampling and Monitoring	☐ 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 encapsulate

☐ Follow up necessary on / /

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

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

Additional comments: 11/08/02: Crew began mobilizing, erected the decon on [redacted] 8th floor and began washing the [redacted] 8th floor setback. 8th floor setback completed. No elevator service due to bldg. was vacant.

11/09/02: With the 120 ft boom truck facade washing on Broad Street started. No water & 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.

11/11/02: Crew began cleaning the main & elevated roofs.

11/12/02: All roof cleaning was completed and visual inspection was satisfactory.

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: 5

SUPERVISOR INITIALS: AP

222WTC

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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU1866MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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. # PII 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.

RECEIVED NOV 13 2002 BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT TRU 1

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 REMEDIATION & 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 (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.)
1-10 FL.	FACADE	WINDOWS, LEDGES	3,380		ITEM # 8
ROOF	MAIN & SETBACK	ASPHALT & DUNNAGE	9,677		ITEM # 3

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.

WARREN & PANZER ENG., P.C.	TRIO ASBESTOS REMOVAL	STEVEN PARMIGIANI
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
11/08/02	11-8-02	11-8-02
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.

NYC DEP		11/08/02
Print Name of Owner	Signature	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

=222WTC

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

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