37

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 #
36916 A			122

1. Work Site Name and Mailing Address	Owner's Name, Address, Phone Number
48/56 BEAVER ST. NEW YORK, N.Y.	TIME EQUITIES 48/56 BEAVER ST. NEW YORK, N.Y.
Contractor's Name, Address	**Waste Disposal Site**
TRIC 14-20 129TH 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. -
☒ RQ Waste Asbestos, Class 9, NA2212, PGIII ☐ Other _____		2
☐ 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)
AMATO E.A.	HANDLER	X A.A MATO	7/29/02

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: [signature] Printed Name: A Genovese Title: **DRIVER**	**631-924-5050** Date 7-24-02

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: [signature] Printed Name: Levi G Riggs Title: **DRIVER**	**631-924-5050** Date 7/26/02

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: [signature] Printed Name: Robert J. Dodd Title: Sup	Date 7-29-02

THE CITY OF NEW YORK LANDMARKS PRESERVATION COMMISSION
1 CENTRE STREET, 9TH FLOOR, NEW YORK, NEW YORK, 10007
TEL: (212) 669- 7700 FAX: (212) 669-7960

APPLICATION FORM

F-2

FOR WORK ON DESIGNATED PROPERTIES

This application will not be deemed complete until it is so certified by the Landmarks Preservation Commission. An application consists of an application form and the materials necessary to describe the project fully. If being submitted in response to a Warning Letter or Notice of Violation, please enter the number below.

Please print or type all items. If not applicable, mark N.A.

Staff Use Only

LPC DOCKET #	DATE REC'D	DATE CERT. AS COMPLETE	BLDG. DEPT. # & DATE	STAFF

☐ INDIVIDUAL ☐ SCENIC ☐ INTERIOR — TYPE OF DESIGNATION — HISTORIC DISTRICT

☐ PMW ☐ CNE ☐ C OF A ☐ REPORT ☐ — ACTION — OTHER — WORK TYPE

DESIGNATED PROPERTY

56 Beaver St. (AKA 48 Beaver) Exterior - (Roof)
ADDRESS — FLOOR OR APARTMENT

Manhattan 29 7501
BOROUGH — BLOCK — LOT — ZONING

DETAILED DESCRIPTION OF PROPOSED WORK
Use back of form if necessary

Removal of debris (cleaning) from the collapse of the WTC from exterior building surfaces as per scope of work previously reviewed and approved by NYCLPC.

COST OF PROJECT _____ **WARNING LETTER / NOV #** _____

TENANT/LESSEE/ CO-OP SHAREHOLDER

N|A
NAME, TITLE & FIRM (if applicable) — PHONE (day)

ADDRESS — APT # — CITY, STATE, ZIP CODE

ARCHITECT/ ENGINEER
If applicable

N|A
NAME, TITLE & FIRM (if applicable) — PHONE (day)

ADDRESS — CITY, STATE, ZIP CODE

CONTRACTOR
If applicable

Trio Asbestos Removal Corp. (718) 961-4100
NAME, TITLE & FIRM (if applicable) — PHONE (day)

14-20 129 Street College Point, New York 11356
ADDRESS — CITY, STATE, ZIP CODE

PERSON FILING APPLICATION
e.g. Expeditor, Attorney, Managing Agent, etc.

NYC Department of Environmental Protection (718) 595-3718
NAME, TITLE & FIRM (if applicable) — PHONE (day)

59-17 Junction Boulevard, 8th Floor Corona, New York 11368
ADDRESS — CITY, STATE, ZIP CODE

ARE YOU APPLYING TO ANY OF THE FOLLOWING?

☐ Buildings Department ☐ City Planning Commission ☐ Board of Standards & Appeals

I am the owner of the above listed property. I am familiar with the work proposed to be carried out on my property and give my permission for this application to be filed. The information entered is correct and complete, to the best of my knowledge.

OWNER

For applications for work on or in a cooperative or condominium building, the "owner" is the Co-op Board or Condominium Association. An officer of the Co-op Board or Condominium Association must sign this application. Please consult the Instructions for Filing for additional information.

R. RADHAKRISHNAN DIRECTOR
OWNER'S NAME and TITLE (please type or print) — PHONE (day)

COMPANY, CORPORATION, ORGANIZATION (if applicable)

ADDRESS — CITY, STATE, ZIP CODE

SIGNATURE

NYC DEP R. Radhm for owner
SIGNATURE OF OWNER — DATE

Note: Section 25-317 of the Administrative Code of the City of New York makes it a punishable offense to willfully make false statements on this application.

Rev. 0/00