TRIO EST.1987 ASBESTOS REMOVAL CORP.
14-20 129th Street
College Point, New York 11356
(718) 961-4100 • Fax # (718) 961-4103

NYC DEP
PROJECT 17 BATTERY PLACE
NEW YORK, NY

CONTRACT# ROF-REM3
INVOICE # 46
DATE 11/27/2002

ITEM#	DESCRIPTION OF ITEM	UNIT PRICE	TY/SQ. FT	TOTAL VALUE
1	Roof cleanup-Asphalt/Uncovered Surface up to 2500 sq. ft. of clean-up per bldg/structure	$ 1.00	500	$ 500.00
2	Roof cleanup-Asphalt/Uncovered Surface between 2500 sq. ft.5000 sq. ft.	$ 0.85	0	$0.00
3	Roof cleanup-Asphalt/Uncovered Surface greater than 5000 sq. ft.	$ 0.80	0	$ -
4	Roof cleanup-Gravel/Stone Surface up to 2500 sq. ft. of clean-up per bldg/structure	$ 3.00	0	$ -
5	Roof cleanup-Gravel/Stone Surface between 2500 sq. ft.and 5000 sq. ft.	$ 2.75	0	0
6	Roof cleanup-Gravel/Stone Greater than 5000 Sq. FT.	$ 2.50	0	0
7	Façade Clean-up (up to 5000 sq. ft.)	$ 2.60	0	$ -
8	Façade Clean-up (6-15 Story Buildings) (greater than 5000 sq. ft.	$ 2.45	24030	$ 58,873.50
	TOTAL			$ 59,373.50

R. Radhu

Sent to Denise
1-17-03

E208 WTC

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

EMERGENCY

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

TRU 1763MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1. NYCDEP
(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 17 BATTERY PLACE Borough Manhattan Zip _____

AKA _____ 3. Block _____ 4. Lot _____

5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name BATTERY COMMERCIAL ASSOCS. C/O NEWMARK & COMPANY REAL ESTATE INC 8. Contact Person _____

9. Tel. # (212) 431-9353 Fax # (212) 219-2136

10. Address 594 BROADWAY City NEW YORK State NY Zip 10012

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 ENG., 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 10/28/02 Projected completion date 11/28/02

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
OCT 24 2002
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
TRU 1

25. Total amount of asbestos-containing material to be abated during this work

~~16,520~~ 24,530 Square Feet, and/or 0 Linear Feet

(CC)

ACP 7
2/2001

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

1763MNO2

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.)
ROOF	CHILLER RM. ROOF	ASPHALT ROOF,DUNNAGE	500		ITEM # 4
FACADE		WINDOWS, LEDGES	24,030		ITEM # 8

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
10/20/02	10-23-02	10-23-02
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.

CARL LUTCHMEDIAL — Print Name of Owner

Signature

10/24/02 — 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