ER-128-01

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

TRU 1210 M101

Building Dept. or TRU No
FOR OFFICIAL USE ONLY

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

www.nyc.gov/dep

PAID NYC DEP ASB SEP 28 2001 Ctl #

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1. $1200 (See fee schedule)

EMERGENCY 6 12 8/01

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 217 BROADWAY Borough Manhattan Zip 10007

AKA _____ 3. Block 88 4. Lot 1

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

II. BUILDING OWNER

7. Name Columbus Properties 8. Contact Person J. DiMurro

9. Tel. # (212) 732-0916 Fax # (212) 732-1157

10. Address 217 Broadway City New York State NY Zip 10007

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name AA SERVICES, LLC 13. Contact Person J. RENSINK

14. Federal Employer ID. # PII 15. Tel. # (845) 782-4443 Fax # (845) 782-1872

16. Address 36 EAGLE STREET City MONROE State NY Zip 10950

V. THIRD PARTY AIR MONITOR

17. Name A.E.C.C. 18. Contact Person Anthony Nowicki Jr.

19. Federal Employer ID. # PII 20. Tel. # (631) 589-3666 Fax # (631) 589-4004

21. Address 1302 Walnut Avenue City Bohemia State NY Zip 11716

22. Sample Analysis Laboratory Scientific Laboratories 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 9/25/01 Projected completion date 9/30/01

Asbestos work schedule ☐ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☑ Sunday

Shift from: 7 ☑ am ☐ pm to 7 ☐ am ☑ pm

If other, specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

RECEIVED SEP 28 2001 PROGRAM TRUG 6

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

20,000 Square Feet, and/or 0 Linear Feet

ACP 7 2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler EWN&S TRANSPORT INC. NYS DEC Permit # 2A-334 Tel.# (718) 273-0428

Disposal Site(s) ATHENS HOCKING RECLAMATION

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) EMERGENCY CLEAN-UP ER128-01

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 1210 M001

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.)
10 FLR	ROOF	ROOF	20,000		EMERGENCY CLEAN-UP

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.

A.E.C.C.	AA SERVICES LLC	J. RENSINK
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (if other than Owner)
Signature	Signature	Signature
9/24/01	9/24/01	9/24/01
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.

JOHN DI MURRO — Print Name of Owner

Signature

9/26/01 — 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

THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION
JOEL A. MIELE, SR., P.E. Commissioner

ROBERT C. AVALTRONI
Deputy Commissioner

PHONE (718) 595-4418
FAX (718) 595-4422
3648

Bureau of
Air, Noise, & Hazardous
Materials

ASBESTOS CONTROL PROGRAM TECHNICAL REVIEW UNIT
ACP-7 CORRECTION FORM

PREMISES ADDRESS 217 Broadway

BOROUGH Manhattan ZIP CODE 10007

CORRECT START DATE _____ CORRECT COMPLETION DATE _____

CORRECT ACM QUANTITY: 20,000 SQUARE FEET, AND/OR _____ LINEAR FEET

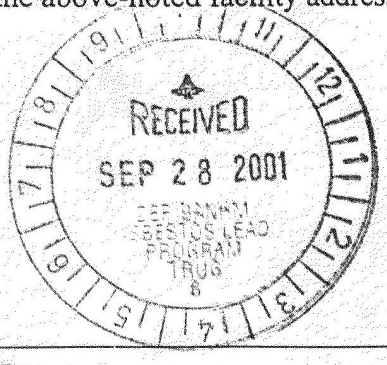
Correct Method Of Abatement: _____

Confirmation Of Change(s) Of Date(s) and/ACM Quantity As Noted Above

The undersigned affirms that she/he has been instructed verbally to change or confirm the date(s) and/or ACM quantity, by Ms./Mr._____, who is duly authorized to represent the organization/agency/company/corporation stated in the form ACP-7 regarding the above-noted facility address to be the (Please check one box only):

[ ] Asbestos Abatement Contractor [ ] Building Owner

[X] Applicant for the asbestos project.



The Undersigned Is Employed by

AECC

Organization/ Agency/ Company/ Corporation

1308 Walnut Ave, Bohemia, NY 11716.

Address

631-589-3773

Telephone #

Anthony Novicki

Print Name

Signature

TRU N4 8/96

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EMERGENCY ASBESTOS PROJECT NOTIFICATION (15 RCNY Section 1-56)

Written notification must be received within 48 hours via

a) Asbestos Inspection Report (ACP-7)

b) Cover letter explaining the nature of the emergency

1) Caller's Name: Jim.

Affiliation: AA Services

Telephone #: ( ) (845) 782 4443

2) Nature of Emergency: World Trade Towers Tragedy Emergency clean up of roof

3) Actual Date and Time of Emergency _____

4) Method of Asbestos Abatement:

Removal _____Sq.ft. _____L. ft. Repair _____Sq. ft. _____L. Ft

Encapsulation _____Sq. ft. _____L. ft. Clean-up 20,000 Sq. ft. _____L. ft.

Enclosure _____Sq. ft. _____L. ft.

5) Facility Address: 217 Broadway - Main Roof

Owner/Agent: Contact Person _____ Tel. _____

Location of Asbestos Abatement: _____

6) Asbestos Abatement Contractor

Name: AA Services

Address: _____

Telephone #: ( )

7) Starting Date: 9/21/01 Projected Completion Date: _____

8) Verification by Owner/Agent: Yes. No.

Call Taken By: LR

Date: 9/20/01

xc: Enforcement (Urgent).

Form N7 7/93

E 128/01

AA SERVICES, LLC
36 Eagle Street
Monroe, New York 10950
845-782-4443
FAX 845-782-1872
NYC 212-243-6500

September 20, 2001

Lisa Reyna
NYC DEP
59-17 Junction Boulevard
Elmhurst, NY

Re: 217 Broadway
New York, NY

SCOPE OF WORK FOR EMERGENCY CLEAN-UP

1. A remote two-stage decontamination unit will be placed on the 10th Floor roof. This area will be pre-cleaned prior to construction of the decon unit.
2. Workers will wear proper protective gear including two suits with booties, gloves and respiratory protection.
3. Critical barriers will be installed on all openings at the roof level.
4. Debris will wetted, picked up and double bagged in 6-mil plastic bags for disposal.
5. The entire roof area will be vacuumed using HEPA filtered vacuums and/or wet-wiped.
6. Air monitoring will be performed on the roof pre-, during and post- clean-up.
7. Waste will be disposed of by E,W,N & S Transport Inc.
8. An ACP-7 will be filed with the NYC DEP within one week.

Very truly yours,

Jean Rensink
AA Services, LLC