E206 WTC

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU 1757MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 100 CHURCH STREET Borough N.Y Zip 10007
AKA 44-80 Park Pl, 21-35 Broadway 3. Block 125 4. Lot 20
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 100 CHURCH LLC, ZAR REALTY 8. Contact Person Mr. Stein
9. Tel. # (212) 971-0111 Fax # _____
10. Address 384 5TH AVENUE City N.Y State N.Y Zip 10018

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
16. Address 3010 BURNS Ave City WANTAGH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN.
19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 EAST 45TH STREET City NEW YORK State NY Zip 10017.
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, INC 23. NYS DOH ELAP # 11480.

VI. PROJECT INFORMATION

24. Starting date for this portion of work 10/24/02 Projected completion date 11/24/02

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

Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other, specify _____

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

RECEIVED OCT 23 2002 BUREAU OF ENVIRONMENTAL COORDINATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM

25. Total amount of asbestos-containing material to be abated during this work
69,422 Square Feet, and/or _____ Linear Feet

DEP BUREAU OF ENVIRONMENTAL COORDINATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGANO NYS DEC Permit # CT-098 Tel.# 800-272-3867
Disposal Site(s) SOUTHERN ALLEGHENIES, VALLEY LANDFILL

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.)
Roof	Entire Roof and Roof setbacks	(Gravels)	58032		
16TH FL	East setback	(Gravels)	6194		
14TH FL	North setback	(Gravels)	3600		
14TH FL	SOUTH AIR CONDITION UNIT setback	(Asphalt)	1596		

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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (if other than Owner)
BOSUN OGUNNAIKE	ANTHONY COSTA	ANTHONY COSTA
Signature	Signature	Signature
06-03-02	6-3-02	6-3-02
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.

Alphonso Plumpkin — Print Name of Owner
Signature
10/23/02 — 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

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO NYS DEC Permit # CT-098 Tel.# 800-272-3867
Disposal Site(s) SOUTHERN ALLEGHENIES, VALLEY LANDFILL

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

TRC 1704HN02

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.)
FACADE	(Park Pl Barclay St)		93,000		
Facade	(City Hall Pl W. Broadway)		78,000		
Roof	Entire roof Plus roof setbacks	(GRAVELS)	58,032		
14TH FL	Setback	(Gravels)	3,600		

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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (if other than Owner)
BOSUN GUANARCE	ANTHONY COSTA	ANTHONY COSTA
Signature	Signature	Signature
06-03-02	6-3-02	6-3-02
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.

Print Name of Owner	Signature	Date
Alphonso Plumptre		10/15/02

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.

AC 3/2001

1.2014TC

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1 TRU 1704 M NO 2
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYC DEP
(See fee schedule)

ENTERED

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 100 CHURCH STREET Borough N.Y Zip 10007

AKA _____ 3. Block _____ 4. Lot _____

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

II. BUILDING OWNER

7. Name 90 CHURCH, LLC ZAR REALTY. 8. Contact Person Mr. Stein

9. Tel. # _____ Fax # _____

10. Address 384 5TH AVENUE City N.Y State N.Y Zip 10018

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA

14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085

16. Address 3010 BURNS AVE City WANTAGH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN.

19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630

21. Address 228 EAST 45TH STREET City NEW YORK State NY Zip 10017.

22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 10/16/02 Projected completion date 11/16/02

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

Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other, specify _____

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

RECEIVED
OCT 15 2002
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
TRU 1

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

232,632 Square Feet, and/or _____ Linear Feet

DEP BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 1

ACP 7
2/2001

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

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

ASBESTOS PROJECT AMENDMENT FORM
FOR FORM ACP 7

FOR OFFICIAL USE ONLY
Fee (if any) $ 2002A-2637
Amendment ____
Information Only: ☐ Yes ☐ No

A modification is valid only if it is received by the NYCDEP prior to the previously filed date of completion, except for start date changes that must be received by the original start date.

ACP7 TRU/BN# 1757MN2 Facility Address 100 CHURCH ST Borough N.Y Zip 10007

Date ACP7 was filed 10/23/02 Variance # (If any) ____

Was this ACP7 amended before? ☐ Yes ☒ No If yes, specify date ____

Original Start Date 10/24/02 Original Completion Date 11/24/02 from ACP 7, #24.

PLEASE ENTER THE INFORMATION THAT IS BEING CHANGED:

A notification may be modified no more than twice.
Only the building owner may amend items IV and V.
The original applicant or building owner may amend all other items.

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Fiber Control 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # (516) 781-3009 Fax # (516) 781-3085
16. Address 3010 Burns Avenue City WANTAGH State N.Y Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN PANZER ENGINEERS, PC 18. Contact Person Michael Nolan
19. Federal Employer ID. # ____ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
21. Address 228 E. 45th St City N.Y State N.Y Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

☐ Project Cancelled
☐ Project Postponed

24. Starting date for this portion of work 11/04/02 Projected completion date 11/12/02

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

Shift from: ____ ☐ am ☐ pm to ____ ☐ am ☐ pm If other, specify ____

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25. Additional asbestos-containing material to be disturbed during this work 504 Square Feet and/or ____ Linear Feet

Reduction in the amount of ACM to be disturbed during this work ____ Square Feet and/or ____ Linear Feet

29. Abatement Procedure for Additional Material (Check all appropriate boxes)
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

Other Changes ____

30. Locations of abatement modified by above AIR SHAFT
(For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner Alphonso Plumptre Tel. # (718) 595-3682

Name of Company (If any) NYCDEP Fax # ____

Address ____ City ____ State ____ Zip ____

I hereby declare that the information provided herein is true and complete.

Signature of Applicant /Owner 11/12/02 Date

DEP BUREAU OF ENVIRONMENTAL COORDINATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM

ACP 8
2/2001