

ASBESTOS INSPECTION REPORT

PREMISE NO. <u>90 Church Street</u>					STREET		INSPECTION DATE <u>4/26/02</u>	
FLOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD # <u>1</u>	BADGE # <u>A061</u>		
INSPECTOR <u>Robin Okello</u>		BLDG TYPE	BASIS OF INSPECT. <u>TRUOSH NM 02</u>			PHOTOS TAKEN YES / NO		
CONTRACTORS NAME <u>ETS Contr.</u>					SAMPLE NO.			
ADDRESS <u>160 Clay St</u>					CITY <u>Brooklyn</u>			
STATE <u>NY</u>					PHONE			
LABORATORY NAME <u>Ambient Group Inc</u>					OWNERS NAME			
ADDRESS <u>55 W 39 St</u>					CITY <u>NYC</u>			
STATE <u>NY</u>					PHONE			
CONTACT PERSON: <u>Alan Tapel - G.C.</u>					TIME OF INSPECTION FROM: <u>12⁰⁰ am/pm</u> TO: <u>1⁰⁰ am/pm</u>			

Inspection disclosed that the following Requirements, Specifications, and Procedures were complied with

- ☒ Section 1-51 Notifications, Reports, Plans, and Fees
 - ☒ Section 1-71 Air Sampling, Monitoring, and Analysis
 - ☒ Section 1-91 Worker Protection
 - ☒ Section 1-101 Materials and Equipment
 - ☒ Section 1-116 Work Place Preparation
 - ☒ Section 1-117 Worker Decontamination Enclosure System
 - ☒ Section 1-118 Waste Decontamination Enclosure System
 - ☒ Section 1-126 Engineering Controls ☒ Section 1-127 Entry/Exit
 - ☒ Section 1-128 Equipment, Waste Decontamination & Removal
 - ☒ Section 1-129 Maintenance of Decontamination System & Barriers
 - ☒ Section 1-137 ACM Disturbance, Handling, & Removal
 - ☐ Section 1-138 Encapsulation ☐ Section 1-139 Enclosure
 - ☐ Section 1-140 Glovebag ☐ Section 1-141 Tent
 - ☐ Section 1-146 Preliminary Clean Up
 - ☐ Section 1-147 Final Clean Up
 - ☐ Project ongoing, expected completion date _____
 - ☐ Project completed on or about _____ All surfaces, including abated surfaces are free of visible ACM debris and Encapsulated
 - ☐ No Access Premise ☐ Locked, No response to bell or knocks ☐ Abandoned
 - ☐ Inspection based on complaint, no ACM being disturbed or present
 - ☐ Variance Inspection-Approved/Disapproved. Section (s) _____
 - ☐ Follow Up Necessary
- Contact person at the site.....

Additional Comments

Work in progress. At the time of my inspection no workers were on site because the G.C. had to

NOV #	INFRACTIONS	RESULT CODE
		<u>2</u>
NOV #		SUPERVISORS INITIALS
		<u>[Signature]</u>

BORO 1 - MANHATTAN 2 - BRONX 3 - BROOKLYN 4 - QUEENS 5 - RICHMOND

BLDG TYPE A > 6 Stories B < 6 Stories C Single Family D School E Hospital F Public Owned Property

RESULT CODES 1 - Violation Issued 2 - No Violations Issued 3 - No Access 4 - Project not Started (No NOV) 5 - Project Completed (No NOV)

TOTAL FEET: 83145 600

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS INSPECTION REPORT

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)

Basis of Inspection:

103433633

FEE EXEMPT: No

1. \$1,200.0

☐ Variance

START DATE: 4/28/03

PROJ. COMPLETION DATE: 2/31/03

I. FACILITY

ADDRESS: 90 CHURCH STREET BORO: MANHATTAN ZIP: 10007

TYPE OF FACILITY: COMMERCIAL BLOCK: 86 LOT: 1

II. BUILDING OWNER

NAME: UNITED STATES POSTAL SERVICE

Contact TOM HILL

TEL #: (212) 748-7844

ADDRESS: 90 CHURCH STREET CITY: NY STATE: NY ZIP: 10007

IV. ASBESTOS ABATEMENT CONTRACTOR

NAME: PINNACLE ENVIRONMENTAL CORPORATION

TEL #: (718) 397-9292 FEDERAL EMPLOYER IDENTIFICATION #: PII

ADDRESS: 64-45 MAURICE AVENUE CITY: MASPETH STATE: NY ZIP: 11378

VI. LABORATORY FOR SAMPLE ANALYSIS

NAME: SCIENTIFIC LABORATORIES INC - NEW YORK CI

NYS ELAP #: 11480

ASBESTOS WORK SCHEDULE ☒ DAY ☒ EVENING ☐ NIGHT ☐ WEEKENDS ☒ WEEKDAYS

INSPECTOR NAME: Robin O'Keefe SQUAD #: 1 BADGE #: 1861

DATE OF INSPECTION: 4/30/03 TIME OF INSPECTION: From: 1030 AM ☒ PM ☐

Contact at site: Richard Doran - Super To: 12 PM ☒ PM ☐

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

- | | | |
|--|---|--|
| ☒ 1-51 - Notifications, Reports, Pla | ☒ 1-71 - Air Sampling and Monitorin | ☒ 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 encapsulat

☐ Follow up necessary on / /

Samples taken: ☐ No ☐ Yes 1 2 3

4 5 6 Photos taken: ☐ Yes ☐ No

Additional comments:

Section removed in progress. Others
Starts after hrs. approval

BORO 1 = MANHATTAN 2 = BRONX 3 = BROOKLYN 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

SUPERVISOR INITIALS

ASBESTOS INSPECTION REPORT

PAGE 1 OF

PREMISE NO. 90 CHURCH STREET		STREET				INSPECTION DATE 7-1-03	
FLOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD # 1	BADGE # A038	
INSPECTOR SAM NEERDUM		BLDG TYPE	BASIS OF INSPECT. 645786			PHOTOS TAKEN YES ☒ NO ☐	
CONTRACTORS NAME				SAMPLE NO.			
ADDRESS				CITY			
STATE				ZIP			
LABORATORY NAME				OWNERS NAME			
ADDRESS				CITY			
STATE				ZIP			
CONTACT PERSON: MORIARTY KEVIN (Site Sup)				TIME OF INSPECTION FROM: 12:26 am TO: 1:00 pm			

Inspection disclosed that the following Requirements, Specifications, and Procedures were complied with.

- ☐ Section 8150- Notifications, Reports, Plans, and Fees
- ☐ Section 8170- Air Sampling, Monitoring, and Analysis
- ☐ Section 8180- Worker Protection
- ☐ Section 8190- Materials and Equipment
- ☐ Section 8211- Work Place Preparation
- ☐ Section 8212- Worker Decontamination Enclosure System
- ☐ Section 8213- Waste Decontamination Enclosure System
- ☐ Section 8221- Engineering Controls ☐ Section 8222- Entry/Exit
- ☐ Section 8223- Equipment, Waste Decontamination & Removal
- ☐ Section 8224- Maintenance of Decontamination System & Barriers
- ☐ Section 8231- ACM Disturbance, Handling, & Removal
- ☐ Section 8232- Encapsulation ☐ Section 8233- Enclosure
- ☐ Section 8234- Glovebag ☐ Section 8235- Tent
- ☐ Section 8241- Preliminary Clean Up
- ☐ Section 8242- Final Clean Up
- ☐ Project ongoing, expected completion date .../.../....
- ☐ Project completed on or about .../.../.... All surfaces, including abated surfaces are free of visible ACM debris and Encapsulated
- ☐ Project not started, All ACM intact. Expected start date.../.../....
- ☐ No Access Premise ☐ Locked, No response to bell or knocks ☐ Abandoned
- ☒ Inspection based on complaint, no ACM being disturbed or present.
- ☐ Variance Inspection -Approved/Disapproved. Section(s).....
- ☐ Follow Up Necessary

Contact person at the site **Mr. MORIARTY KEVIN (Site Sup.)**

Additional Comments

Upon arrival at the above premise, I met and Spoke to the Safety director Mr. Deraspino Robert and the Project Site Supervisor Mr. Moriarty Kevin, in their Company I conducted an inspection of the basement area, there was no disturbance of ACM in the area, no vibration observed

NOV #	INFRACTIONS	RESULT CODE
		2
NOV #		SUPERVISORS INITIALS
		U

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BLDG TYPE A > 6 Stories B < 6 Stories C Single Family
D School E Hospital F Public Owned Property

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4 = Project not Started (No NOV) 5 = Project Completed (No NOV)

ACP 30/90

WTC Visual Survey Form

Premise Address: <u>90 Church St</u>		
Block:	Residential ☐ Commercial ☒	Name of Building:
Lot:	Mix Use ☐ Other ☐ <u>-</u>	<u>US POST OFFICE</u>
# of Stories: <u>30</u>	AKA's:	
Building Owner/Management:		Telephone Number: ()
Name:		FAX: ()
Address: <u>Kennett</u>		
On Site Contact:		Structure Type
Name: <u>Kameron Williams</u>		Telephone Number: ()
Building Owner Management Activities		
Interior Survey Performed ☒ Yes ☐ No		
Exterior Survey Performed ☒ Yes ☐ No		
General Clean Up ☒ Yes ☐ No Locations: _____		
ACM Clean Up ☒ Yes ☐ No Locations: _____		
Air Monitoring ☒ Yes ☐ No Locations: _____		
Copies of All Reports and Data Requested ☒ Yes		

Visual Inspection Results:

Facade:

		Inspected	Debris		
North	☐ N/A	☒ Yes ☐ No	☐ No Visible/Fine Layer	☒ ½ to 1"	☐ > 1"
South	☐ N/A	☒ Yes ☐ No	☐ No Visible/Fine Layer	☒ ½ to 1"	☐ > 1"
East	☐ N/A	☒ Yes ☐ No	☐ No Visible/Fine Layer	☒ ½ to 1"	☐ > 1"
West	☐ N/A	☒ Yes ☐ No	☐ No Visible/Fine Layer	☒ ½ to 1"	☐ > 1"

Facade Description: _____

Roof

 Debris: ☒ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"
 Description: All GRAVEL has been Removed
Setbacks N/A ☐

Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

Entire interior being cleaned
Date: 3/2/2002
 Inspection by: Name: CRK
 Name: _____

 Agency: DEP
 Agency: _____