

**NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS INSPECTION REPORT**

TOTAL FEET: 83145 600

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)**

103433633

FEE EXEMPT: No
1. \$1,200.0

FL	SF	LF
B1-	30,000	0
	0	0
1ST		600
1ST	145	0

START DATE: 4/28/2003 COMPLETION DATE: 12/31/2003

I. FACILITY

ADDRESS: 90 CHURCH STREET BORO: MANHATTAN ZIP: 10007
TYPE OFFACILITY: COMMERCIAL BLOCK: 86 LOT: 1

II. BUILDING OWNER

NAME: UNITED STATES POSTAL SERVICE
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

V. THIRD PARTY AIR MONITOR

NAME: AMBIENT GROUP INC.
TEL #: (212) 463-7812
ADDRESS: 55 WEST 39TH STREET CITY: NEW YORK STATE: NY ZIP: 10001

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: Carol Hutchinson SQUAD #: 1 BADGE #: A058
DATE OF INSPECTION: 6/25/02 TIME OF INSPECTION: From: 2:30 AM 3:00 PM ☒
To: 4:45 AM 4:45 PM ☒
Contact at site: Kameron Williams - Structure One

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

☒ 1-51 - Notifications, Reports, Plan	☒ 1-71 - Air Sampling and Monitoring	☒ 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, Removal, Handling
☐ 1-146 - Preliminary Clean-up	☐ 1-147 - Final Clean-up	
☐ Project not started		

revelated all ACM to be intact. New start date: _____

☒ Project ongoing, expected completion date: 8/30/03

☐ Project completed on or about: _____ . All surfaces, including abated surfaces are free of visible ACM and encapsulate

☐ Follow up necessary on _____

Samples taken: ☒ No ☐ Yes 1 2 3 4 5 6

Photos taken: ☐ Yes ☒ No

Additional comments: Informed Alan Topel + Kameron Williams that it should not take DEP more than one hour to get into the work area. They said they needed to make phone calls. We all went into the work area where 125 workers were engaged in various cleaning activities. The floors were down to their structural members. All non-bearing partitions had been demolished. There were no plastic on the walls and floors. Isolation-barriers were in place. No problems observed.

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

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

TOTAL FEET: 83145 600

ASBESTOS INSPECTION REPORT

Basis of Inspection:

ONLY TYPEWRITTEN
APPLICATIONS WILL BE
ACCEPTED

103433633

NOTE: ASBESTOS INSPECTION REPORT SHALL BE SUBMITTED
TO NYC DEP NOT LESS THAN ONE WEEK IN ADVANCE
OF START OF THE WORK (ABATEMENT ACTIVITIES)

FEE EXEMPT: No
1. \$1,200.0

FL	SF	LF
B1-	30,000	0
	0	0
1ST		600
1ST	145	0

START DATE: 4/28/2003 COMPLETION DATE: 12/31/2003

I. FACILITY

ADDRESS: 90 CHURCH STREET BORO: MANHATTAN ZIP: 10007
TYPE OFFACILITY: COMMERCIAL BLOCK: 86 LOT: 1

II. BUILDING OWNER

NAME: UNITED STATES POSTAL SERVICE
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

V. THIRD PARTY AIR MONITOR

NAME: AMBIENT GROUP INC.
TEL #: (212) 463-7812
ADDRESS: 55 WEST 39TH STREET CITY: NEW YORK STATE: NY ZIP: 10001

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: Carl Hutchinson SQUAD #: 1 BADGE #: 2058

DATE OF INSPECTION: 7/7/03 TIME OF INSPECTION: From: 12:30 AM ☐ PM ☒

Contact at site: PAUL O'BRIEN - Pinnacle - CEO To: 1:30 AM ☐ PM ☒

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

- ☒ 1-51 - Notifications, Reports, Plan ☒ 1-71 - Air Sampling and Monitoring ☐ 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, Removal, 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: 8/8/03

☐ Project completed on or about: . All surfaces, including abated surfaces are free of visible ACM and encapsulate

☐ Follow up necessary on

Samples taken: ☒ No ☐ Yes 1 2 3

4 5 6 Photos taken: ☐ Yes ☒ No

Additional comments: Inspection was done to check on relevant documents (log books, notifications, certifications etc.). It was observed that one worker had an expired certificate on site. The certificate had expired 7/5/03. However, the worker is currently certified and did not pick up his new certificate. Two copies of certificates were also present. One work had the original on his person. The other worker said he left it at home. These original copies looked exactly like the original. This worker was sent home. TCU records indicate that the worker is currently certified. All other paper work were in order. A total of 121 certificates were inspected. Joe Gavigan is the project manager on site.

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

NYC DEP

59-17 Junction Blvd.
Corona, NY 11368
(718)DEP-HELP Fax (718)595-4096

Service Request Dispatch Detail

Report Date 07/01/2003 11:17 AM

Submitted By

Page 1

Service # 645786

Problem B1 ASBESTOS COMPLAINT

Address 90 CHURCH ST 1

Cross Streets VESEY ST

BARCLAY ST

Compass Direction

Building ID 10012

Block 00086

Lot 0001

CMBD 101

Location

Area

Sub-Area 101

District

Parcel

of Calls 1

Duration of Call 00:00

Call Date 07/01/2003 11:16

Template Type

Taken By 2128

COTTEN, THERIN

A/P #

Responsibility BHZ

BANHAZMAT (AIR, NOISE, HAZ. MAT)

Source

Scheduled Date

Priority

Inspector

Due Date

Asset

Avg Insp Duration

Service Request Progress

Customer Contact Requested

Avg Insp Days 0

Schedule By

Budget #

Avg Insp Hrs 0

Start By

Map #

Avg Insp Mins 0

Complete By

Project #

Resolve By

Primary Caller

Title

Last Name OEM

First Name, MI

Address

City, State/Province, ZIP/PC

Foreign

Day Phone

Reference #

Caller Comments

Evening Phone

Call Date 07/01/2003 11:16

SPOKE TO MRS. SIMMONS

Call List

There are no calls for this service number

Problem Comments

Inspected

Resolution

1226

By Sam

Date

7/1/03

Time

11:17

Code

2

Date

7/1/03

Time

1:00 pm

In the company of the building manager, safety director for the general contractor and finance environ. I proceeded to the bomb area, where I conducted an inspection of the waste decon in the area, there was no waste in the area, no violations observed.

WTC Visual Survey Form

Premise Address: 90 CURRIE ST

Block: Residential ☐ Commercial ☒ **Name of Building:**

Lot: Mix Use ☐ Other ☐

of Stories: **AKA's:**

Building Owner/Management: Telephone Number: ()

Name: FAX: ()

Address:

On Site Contact: Telephone Number: (212) 481 5700

Name: Allen F. TOPEL

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:

North ☐ N/A

South ☐ N/A

East ☐ N/A

West ☐ N/A

Inspected

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Debris

☐ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1"

☐ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1"

☐ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1"

☐ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1"

Facade Description: _____

Roof

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

Description: _____

Setbacks N/A ☐

Floor: _____

Floor: _____

Floor: _____

Floor: _____

Floor: _____

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

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

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

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

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

Comments

No information available.

Date: 1/12/2002

Inspection Team: Name: ALPHONSE PLUMPTRE Agency: NYC DEP

Name: Mr. H. H. H. H. H. Agency: NYSDOT