PAID
NYC — DEP ASB
ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED
DEC 1 2001
Ctl #

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 1476 M NO 1
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. $1200
(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 .

EMERGENCY
9/11/01

I. FACILITY

2. Address 90 Church Street Borough Manhattan Zip 10007
AKA 3. Block 86 4. Lot 1
5. Type of Facility Office 6. Name of Building

II. BUILDING OWNER

7. Name United States Postal Service c/o Boston Properties LP 8. Contact Person Thomas L. Hill
9. Tel. # (212) 326-4000 Fax # (212) 326-4050
10. Address 599 Lexington Avenue City New York State NY Zip 10017

III. GENERAL CONTRACTOR

11. Name N/A Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name National Abatement Corp. (NAC) 13. Contact Person Thomas Piotrowski
14. Federal Employer ID. PII 15. Tel. # (718) 752-2406 Fax # (718) 937-3860
16. Address 22-09 Queens Plaza North City Long Island City State NY Zip 11101

V. THIRD PARTY AIR MONITOR

17. Name Airtek Environmental Corp. 18. Contact Person Benn Lewis
19. Federal Employer ID. # PII 20. Tel. # (212) 768-0516 Fax # (212) 768-0759
21. Address 39 West 38th Street, 12th floor City New York State NY Zip 10018
22. Sample Analysis Laboratory Airtek Environmental / ATC Group 23. NYS DOH ELAP # 11040 / 10879

VI. PROJECT INFORMATION

24. Starting date for this portion of work 12/10/01 Projected completion date 1/10/02

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

Shift from: 7 ✔ am pm to 5 am ✔ pm

If other, specify

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

RECEIVED
DEC 14 2001
ASBESTOS PROGRAM
TRUG 6

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

7,000 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler ATC NYS DEC Permit # 1A-371 TEL.# (631) 924-5050

Disposal Site(s) Southern Alleghenies Disposal Service: Road 3, Box 310, Valleyview Drive, Hollsopple, PA 15935

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) ACM Dust Clean-up

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

1476 M NO1

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.)
7	Storage	World Trade Center dust	7,000		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.

Airtek Environmental Corp.	National Abatement Corp.	Airtek Environmental Corp.
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
12/12/01 Date	12-12-01 Date	12/12/01 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.

Thomas L. Hill, Sr. VP for Boston Properties LP — Print Name of Owner

Signature

12/14/01 Date

as agent for 90 Church St. LP

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

NYC DEP ASBESTOS CONTROL PROGRAM

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

E 171/01

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: Ben Lewis

Affiliation: Air Tech

Telephone #: ( ) PII (212) 768-0516

2) Nature of Emergency: WTC emergency ACM Clean up

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 7,000 Sq. ft. _____ L. ft.

Enclosure _____ Sq. ft. _____ L. ft.

5) Facility Address: 90 Church Street (US Post Office Bldg)

Owner/Agent: Contact Person _____ Tel. _____

Location of Asbestos Abatement: 7th flor So. West Corner Legal Aid Society Space.

6) Asbestos Abatement Contractor:

Name: Air Tech (Abatement Contractor)

Address: NAC (Contractor)

Telephone #: ( )

7) Starting Date: 12/10/01 Projected Completion Date: _____

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

** Scope of Work

Call Taken By: L. Reyes

Date: 12/7/01

xc: Enforcement (Urgent).

Form N7 7/93