EMERGENCY 239 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 0098 4NO3
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. EX (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 150 Franklin Street Borough Manhattan Zip 10013

AKA WTC Indoor Dust Cleaning Program 3. Block _____ 4. Lot _____

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

**II. BUILDING OWNER**

7. Name Emily Sorkin 8. Contact Person Emily Sorkin

9. Tel. # 212-941-7858 Fax # _____

10. Address 150 Franklin Str., Apt. 2N City NY State NY Zip 10013

**III. GENERAL CONTRACTOR**

11. Name _____ Tel. # _____

**IV. ASBESTOS ABATEMENT CONTRACTOR**

12. Name Trio Asbestos Removal Corp. 13. Contact Person Chris Horan

14. Federal Employer ID. # PII 15. Tel. # 718-961-4100 Fax # 718-961-4103

16. Address 14-20 129th Street City College Point State NY Zip 11356

**V. THIRD PARTY AIR MONITOR**

17. Name ATC Associates, Inc. 18. Contact Person Fred Burkhardt

19. Federal Employer ID. # PII 20. Tel. # 212-353-8280 Fax # 212-353-8306

21. Address 104 East 25th Street City NY State NY Zip 10010

22. Sample Analysis Laboratory EMSL 23. NYS DOH ELAP # 11506

**VI. PROJECT INFORMATION**

24. Starting date for this portion of work 1/22/03 Projected completion date 1/22/03

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

Shift from: 8 ☒ am ☐ pm to 4 4 ☐ am ☒ pm

If other, specify _____

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

RECEIVED JAN 21 2003 DEP BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM Unit 1

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

120 Square Feet, and/or _____ Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Asbestos ~~Transportation Co.~~ NYS DEC Permit # 1A-371 TEL.# 631-924-5050

Disposal Site(s) Imperial/POB 47, 11 Boggs Rd., PA, Southern Alleghenies, Valleyview Dr., PA; Meadow Landfill, Rte 2, Box 68, Bridgeport, WVA

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) Scope B Work WTC Indoor Dust Cleaning

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

TM00984W0

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.) |
|---|---|---|---|---|---|
| 2nd | Apartment 2N | Windows | 120 | | Scope B Cleaning |
| | | | | | WTC Apartment Cleaning |
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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.

| ATC Associates, INc. | Trio Asbestos Removal | Trio Asbestos Removal |
|---|---|---|
| Print Name of Air Monitor | Print Name of Asbestos Contractor | Print Name of Applicant (if other than Owner) |
| Signature | Signature | Signature |
| 1/21/03 | 1/21/03 | 1/21/03 |
| Date | Date | Date |

ES.

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.

Emily Sorkin
Print Name of Owner

Signature

1/21/03
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