Ms. Rollins
M28
Harris
663

PII

NO
REFERRAL

Please do not
call DEP
for BWTCH #!
Thanks—Rose

* RE-CALL

13719

Name of Operator SAVERN Rollins Date: 3/25 Time: 2:19

Category: (circle one)

Environment	Cleaning	Health	Indoor Air
Specific Contaminant	School	Old WTC	Other ____

Question: DMV - TVB Building

Answer: A DEP INSPECTOR WAS SENT OUT NO ASBESTOS WAS AT LOCATION

Comments: DEP ~~OR~~ INSPECTOR SAID BUILDING IS CLEAN AS HE CAN SEE.

Caller Information:

First Name: [redacted] PII Last Name: [redacted]

Address 1: 19 RECTOR ST PII

Address 2: _____ Borough: _____

City _____ State: _____ Zip: 10006

Phone #1 PII Phone #2 (____) _____

Follow up:

Referral/Follow-Up Needed? (circle one) ~~YES~~ NO

Referral Agency/Organization: DEP

DEP Reference # _____

CALL ON THE 3/20 13609

13887

Name of Operator Rose Marabetti Date: 4/05/12 Time: 5:05pm

Category: (circle one)

Environment	Cleaning	Health	Indoor Air
Specific Contaminant	School	Old WTC	(Other) Air Purifiers

Question: Obtain an Air Purifier, if possible — Recent wet cough — at night & also breathing difficulty

Answer:

Comments: Will send him info. on Air Purifiers —

Caller Informa

PII

First Name: [redacted] Last Name: [redacted]

Address 1: 463 West St. (betw. Washington Bethune Bldg) A

PII

PII

Follow up:

Referral/Follow-Up Needed? (circle one) YES (NO)

Referral Agency/Organization: _____

DEP Reference # _____

14387

Name of Operator Sherbreina Date: 5/10/02 Time: 11:12

Category: (circle one)

Environment	(Cleaning)	Health	Indoor Air
Specific Contaminant	School	Old WTC	Other ____

Question: How to become involved in helping to conduct air quality Testing. Phone number that contractors can call to inquire about getting contracts.

Answer: Contact EPA or DEP. - EPA already contacted. They are not administering the cleaning contracts. No number is available for contractors to call.

Comments: ~~EMS~~ ENSR Corp. - Environmental Consulting & Engineering Firm - $50 million GSA Contract that could be utilized to help in the clean up.

Caller Information:

First Name: PII

Address 1: 10 Skyline Dr. Apt

Borough:

PII

Follow up:

Referral/Follow-Up Needed? (circle one) YES (NO)

Referral Agency/Organization:

DEP Reference # _____