Callers Names
in Alphabetical
order
FAQ

TAG

Name of Operator Myles Date: 5/18 Time: 12—

14406

Category: (circle one)

Environment — Cleaning — Health — Indoor Air

Specific Contaminant — School — Old WTC — Other ___

Question: Caller would like to register for EPA Cleaning

Answer: I took Callers name and address to refer to EPA. for Cleaning

Comments:

Caller Information:

First Name: JANE Last Name: ABRAMS

Address 1: PII

Address 2: Borough: ___

City NY State: NY Zip: 10280

Phone #1 PII Phone #2 (___) ___

Follow up:

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

Referral Agency/Organization: EPA

DEP Reference # ___

FAQ

Name of Operator Nyl/co Date: 5/8 Time: 5

14366

Category: (circle one)

Environment (Cleaning) Health (Indoor Air)

Specific Contaminant School Old WTC Other ____

Question: Caller wants to know if & when EPA will start clean up

Answer: I advised caller that cleaning won't start until May 25th and I would refer address to list for EPA clean up

Comments:

Caller Information:

First Name: Jane Last Name: Abrams

Address 1: PII

Address 2: Borough: ____

City ____ State: ____ Zip: ____

Phone #1 (PII) Phone #2 (____) ____

Follow up:

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

Referral Agency/Organization: EPA

DEP Reference # ____

13650

Name of Operator Brad Date: 3/21/02 Time: 4:40

Category: (circle one)

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

Question: I AM CONCERNED THAT THERE IS STILL ASBESTOS IN MY CONDO; ALSO CONCERNED ABOUT INDOOR AIR QUALITY WITH DEMOLITION SCHEDULE ASBEST. CHECKLIST

Answer: (2) ADVISED TO GET CLEANUP REPORT FROM CONDO BOARD (3) SEE DOH CLEANUP GUIDELINES

Comments: (4) WILL BE CONTACTED BY IND. AIR DONE IN FUTURE (5) CALL US BACK IN 1 WEEK RE BLDG. REPORT

Caller Information:

First Name: JANE Last Name: ABRAMS (CONDO)

Address 1: PII (77 Hudson Towers)

Address 2: Borough: ___

City ___ State: ___ Zip: 10280

Phone #1 PII Phone PII

Follow up:

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

Referral Agency/Organization: ___

DEP Reference # ___

RH 3/27