1454 3

Name of Operator Rose Macbeth Date: 5/24/02 Time: 4:45 pm
Trekenia Moore

Category: (circle one)

Environment	**Cleaning**	**Health**	**Indoor Air**	IAQ
Specific Contaminant	**School**	**Old WTC**	**Other** ___	

Question: Caller would like 2 things!
1) Have the dust tested in her apt. which she said has been evident in her apt. for the past 6 weeks—it floats in air, then settles. Wants DEP to check out.

Answer: 2) Would also like her apt. professionally cleaned & tested for AQ.

Comments: Informed her that I wld. ck. DEP re checking this new dust phenomena—but that I thought she cked. but go ahead & get the apt. cleaned by EPA. I also gave her the DEP website for certified indoor air quality contractors, & air testing.

Caller Information:

First Name: PII Last Name: PII

Address 1: 105 Duane Street Apt PII

Address 2: _____ Borough: Manh.

City NYC State: _____ Zip: 10007

Phone #1 PII Phone #2 PII

Follow up:

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

Referral Agency/Organization: EPA/DEP(?)

DEP Reference # 455857 (DUST IN APARTMENT PROBLEM - DEP TO CHECK OUT)

14499

IAQ

Name of Operator Myles Date: 5/21 Time: 12:30

Category: (circle one)

Environment — Cleaning — Health — Indoor Air

Specific Contaminant — School — Old WTC — Other ___

Question: Caller wants name to be added to EPA Cleaning list

Answer: I took info from caller to forward to EPA for Registration

Comments:

Caller Information

First Name: PII Last Name: PII

Address 1: 77 Fulton st Apt PII

Address 2: ___ Borough: ___

City ___ State: ___ Zip: ___

Phone #1 PII Phone #2 PII

Follow up:

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

Referral Agency/Organization: EPA

DEP Reference # ___

IAQ

14503

Name of Operator Nyles Date: 5/21 Time: 11:40

Category: (circle one)

Environment — (Cleaning) — Health — (Indoor Air)

Specific Contaminant — School — Old WTC — Other ___

Question: Callers to register. for Epa-Classroom

Answer: book info to register for Epa

Comments:

Grimble, Lorraine

Caller Information:

First Name: PII Last Name: PII

Address 1: 299 Broadway Apt 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 # ___