(b)4-11, (b)4-11, (b)4-11

COPY - ORIG. IN DEP REFERRAL FILE (ALSO HANDDEP ISSUE)

Name of Operator BMRD Date: 4/11/02 Time: 9:40 AM (voicemail)

Category: (circle one)

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

Question: RE "CLINTON MONITORING PROGRAM" - WHAT'S HAPPENING? HAVING HEALTH PROBLEMS. BLDG. NOT PROPERLY CLEANED. TRIED TO GO TO LL BUT THEY DID NOTHING.

Answer: TOLD TO GO THRU UNION OR ASSOCIATION TO ASK LL TO CLEAN. WE WILL ALSO ASK DEP THE STATUS OF THE CLEANING. SHE ALSO WANTS INDOOR AIR TESTING

Comments:

Caller Information

First Name: PII Last Name: PII

Address 1: 60 CENTER ST. Apt 3RD

Address 2: ___ Borough: ___

City ___ State: ___ Zip: 10007

Phone #: PII Phone #2 (___) ___

PII

SUPPORT OR. WORKER - SUPREME CT OF NY State

Follow up:

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

Referral Agency/Organization: BOSTCH

DEP Reference # 482827

14578

Name of Operator Karen Date: 5/29 Time: 2:00

Category: (circle one)

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

Question: Apartment Cleaning + Testing

Answer: Followup w/ EPA - 6/3/02 to register with hotline or on-line - www.epa.gov.

Comments:

Caller Information:

First Name: PII Last Name PII

Address 1: 3 Hanover Square Apt 18F

Address 2: Borough: Manh

City New York State: NY Zip: 10004

Phone #1 PII Phone #2 PII Cell PII

Follow up:

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

Referral Agency/Organization: EPA

DEP Reference # ___

EAQ

Name of Operator Myles Date: 5/8 Time: 12:24

14361

Category: (circle one)

Environment (Cleaning) Health (Indoor Air)

Specific Contaminant School Old WTC Other ____

Question: Caller would like for dpt (Cords) to be added to list for EPA Cleaning

Answer: I explained to Caller that address will be added to list however no # or date (Start) has not been decided as of yet.

Comments:

Caller Information:

First Name: PII Last Name: PII

Address 1: 330 Albany St Apt PII

Address 2: _____ Borough: _____

City _____ State: _____ Zip: _____

Phone # PII Phone #2 (____) _____

Cell

Follow

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

Referral Agency/Organization: EPA

DEP Reference # _____