CHECK ONLY EIC 47102

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

10347067 3
DEPT. OF BLDGS.

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1. 1,200 — (See fee schedule)

RECEIVED APR 2002 DEP/BANHM ASBESTOS/LEAD PROGRAM TRUG 6
NOTE: WRITTEN FORMS WILL NOT BE ACCEPTED

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 130 Liberty Street Borough Manhattan Zip 10006

AKA _____ 3. Block 54 4. Lot 1

5. Type of Facility Commercial 6. Name of Building _____

II. BUILDING OWNER

7. Name Cushman & Wakefield a/a/f Deutsche Bank 8. Contact Person Marino Prodan

9. Tel. # (212) 618-3902 Fax # (212) 618-2208

10. Address 14 Wall Street City New York State NY Zip 10005

III. GENERAL CONTRACTOR

11. Name Tishman Construction Tel. # (212) 399-3600

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name PAL Environmental Safety Corp. 13. Contact Person Paul Mast

14. Federal Employer ID. PII 15. Tel. # (718) 349-0900 Fax # (718) 349-2800

16. Address 43-09 Vernon Boulevard City Long Island City State NY Zip 11101

V. THIRD PARTY AIR MONITOR

17. Name Ambient Group, Inc. 18. Contact Person John Leitner

19. Federal Employer ID. PII 20. Tel. # (212) 944-4615 Fax # (212) 944-4618

21. Address 55 West 39th Street City New York State NY Zip 10018

22. Sample Analysis Laboratory Ambient Group, Inc. 23. NYS DOH ELAP # 11732

VI. PROJECT INFORMATION

24. Starting date for this portion of work 4/24/02 Projected completion date 7/31/02

Asbestos work schedule ☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☑ Sunday

Shift from: 8 ☑ am ☐ pm to 12 ☑ am ☐ pm

If other, specify _____

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

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

102,000 Square Feet, and/or 0 Linear Feet

Revised 2003 6-4-03

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ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Jimmy Byrne - JBT / IESI NYS DEC Permit # 1A-375 /NJ-462 Tel.# (718) 617-077

Disposal Site(s) Greenridge Reclamation - Scottdale, PA/IESG - Blueridge, PA

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) ACM Removal

28. TYPE OF ABATEMENT (Check all appropriate boxes)

☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☑ Clean up

10347067 3

DEPT. OF BLDGS.

29. ABATEMENT PROCEDURE (Check all appropriate boxes)

☑ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

TM105JHN02

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.)
8 - 24	Entire - North	Debris from WTC	102,000		Clean-Up

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.

Ambient Group, Inc.	PAL Environmental Safety Corp.	Ambient Group, Inc.
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
4/15/02	4-16-02	4/15/02
Date	Date	Date

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.

Cushman & Wakefield a/a/f Deutsche Bank — Print Name of Owner

Signature

4/16/02 — 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

7624206030

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373-5108

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

www.nyc.gov/dep

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Building Dept. or TRC No
For OFFICIAL USE ONLY
TRH 03457M03

PAID

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.

1. $1200 (See fee schedule)

I. FACILITY

2. Address 130 (Premise #) Liberty Street (Prefix / Street Name) Borough Manhattan Zip 10006

AKA _____ 3. Block 54 4. Lot 1

5. Type of Facility Commercial 6. Name of Building _____

II. BUILDING OWNER

7. Name Jones Lange LaSalle a/a/f Deutsche Bank 8. Contact Person Marino Prodan

9. Tel. # (212) 618-3902 Fax # (212) 618-2208

10. Address 14 Wall Street NYC 04-0704 City New York State NY Zip 10005

III. GENERAL CONTRACTOR

11. Name Tishman Interiors Tel. # (212) 708-6759

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name PAL Environmental Safety Corp. 13. Contact Person Doug Lyons

14. Federal Employer ID. # PII 15. Tel. # (718) 349-0900 Fax # (718) 349-2800

16. Address 43-09 Vernon Blvd. City Long Island City State NY Zip 11101

V. THIRD PARTY AIR MONITOR

17. Name Ambient Group, Inc. 18. Contact Person Noel C. Drago

19. Federal Employer ID. # PII 20. Tel. # (212) 944-4615 Fax # (212) 944-4618

21. Address 55 West 39th Street City New York State NY Zip 10018

22. Sample Analysis Laboratory RJ Lee Group, Inc./Ambient Group, Inc. 23. NYS DOH ELAP # 10884/11732

VI. PROJECT INFORMATION

24. Starting date for this portion of work 3/31/03 Projected completion date 13 TH 3/31/04

Asbestos work schedule: ☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☑ Sunday

Shift From: 8 ☑ am ☐ pm to 12 ☑ am ☐ pm

If other, specify _____

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

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

172,615 Square Feet, and/or 0 Linear Feet

RECEIVED
MAR 14 2003
DEP
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
TRH 3

ACP7
12/20/02

6426206039 **ASBESTOS INSPECTION REPORT (continued)**

26. Asbestos Hauler Tristate Transfer/ ATC NYS DEC Permit # 2A456/1A371 Tel.# (718) 617-0771

Disposal Site(s) BFI Imperial Landfill-Imperial,PA; Meadowfill Landfill-Bridgeport,WV

27. This asbestos abatement is part of a (Item a through e requires filing of this form with the NYC Department of Buildings)

a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration

e) ☐ Fireproofing Replacement f) ☑ Other (Describe) ACM Removal

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

0345 y/03

30.LOCATIONS OF ABATEMENT

Floor(s)	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.)
A,7-18	N w/#24 elv.shaft	Debris from WTC	155,250		Clean-up
5/6	MER	Debris from WTC	250		Clean-up
4	Cafeteria	Debris from WTC	240		Clean-up
3	NW Corner	Debris from WTC	2,575		Clean-up
2	NW Corner	Debris from WTC	4,600		Clean-up
1	NW Corner	Debris from WTC	100		Clean-up
B-Level	Vaults	Debris from WTC	9,500		Clean-up
#24 Elv	Cab	Debris from WTC	100		Clean-up

Additional pages attached ☐

31. I hereby declare that the information povided 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.

Ambient Group, Inc.	Pal Environmental Safety	Ambient Group, Inc.
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant
Signature	Signature	Signature
3/13/03	3/13/03	3/13/03
Date	Date	Date

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.

Jones Lange LeSalle a/a/f Deutsch		3/13/03
Print Name of Owner	Signature	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.

The City of New York
Department of Environmental Protection
59-17 Junction Boulevard
Flushing, New York
11373-5108

Christopher O. Ward
Commissioner

BUREAU OF
AIR, NOISE, & HAZARDOUS
MATERIALS

ASBESTOS CONTROL PROGRAM TECHNICAL REVIEW UNIT
ACP-7 CORRECTION FORM

PREMISES ADDRESS 130 Liberty Street
Manhattan
BOROUGH New York City ZIP CODE 10006

CORRECT START DATE _____ CORRECT COMPLETION DATE 3/13/04

CORRECT ACM QUANTITY: _____ SQ. FT, AND/OR: _____ LN. FT.

Correct Method of Abatement: _____

Confirmation Of Change(s) Of Date(s) and/ACM Quantity as Noted Above

The undersigned affirms that she/he has been instructed verbally to change or confirm the date(s) and/or ACM quantity, by Ms./Mr. _____, who is duly authorized to represent the Organization/agency/company/corporation stated in the form ACP-7 regarding the above-noted facility address to be the (Please Check one box only):

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MAR 14 2003
DEP
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM

[ ] Asbestos Abatement Contractor [ ] Building Owner

[✓] Applicant for the asbestos project.

The Undersigned is Employed by

Ambient Group, Inc
Organization/ Agency/ Company/ Corporation

55 West 39th Street
Address

New York, NY 10018
Telephone #

Nidia Lopez
Print Name

Nidia Lopez
Signature

Telephone: (718) 595-3652 Fax: (718) 595-3648