

ENV COMPLIANCE

Fax:17185954422

\*\* Transmit Conf. Report \*\*

P.1

Jul 28 2003 16:31

| Location     | Mode   | Start      | Time  | Page | Result | Note |
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NO. 967 P. 13



## FEDERAL EMERGENCY MANAGEMENT AGENCY

FEMA-1391-DR-NY  
FEDERAL RECOVERY OFFICE  
80 Centre Street, 3<sup>rd</sup> Floor  
New York, New York 10013

Public Assistance Fax: (212) 667-8987

|                                         |                                           |
|-----------------------------------------|-------------------------------------------|
| FAX TO:<br><i>Commissioner Abattoni</i> | FROM:<br><i>Walter McNeil</i>             |
| SUBJECT:                                | DATE:<br><i>6/25</i>                      |
| PHONE #:                                | PHONE #:<br><i>212 4160358</i>            |
| FAX #:<br><i>718 5954544</i>            | # OF PAGES (INCLUDING COVER)<br><i>13</i> |

|                   |                       |         |                      |            |           |
|-------------------|-----------------------|---------|----------------------|------------|-----------|
| Post-It® Fax Note | 7671                  | Date    | <i>7-29</i>          | # of pages | <i>13</i> |
| To                | <i>Chris D'Andrea</i> | From    | <i>Mike Gilsenan</i> |            |           |
| Co./Dept.         | <i>DOH</i>            | Co.     | <i>DEP</i>           |            |           |
| Phone #           |                       | Phone # |                      |            |           |
| Fax #             | <i>212 788-4299</i>   | Fax #   |                      |            |           |

|        |                    |        |
|--------|--------------------|--------|
| # XE-1 | <i>6667-886218</i> | # XE-2 |
|--------|--------------------|--------|

ONLY  
TYPEWRITTEN  
FORMS WILL BE  
ACCEPTED



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor, Corona, NY 11368-5107

**ASBESTOS PROJECT NOTIFICATION**  
(ASBESTOS INSPECTION REPORT)

Building Dept. or TRU No  
FOR OFFICIAL USE ONLY

1. \$800

(See fee schedule)

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 114 Liberty Street Borough Manhattan Zip 10006  
AKA \_\_\_\_\_ 3. Block 52 4. Lot 7502  
5. Type of Facility Condominium/Commercial 6. Name of Building 114 Liberty Street

**II. BUILDING OWNER**

7. Name Liberty, LLC c/o Epic, LLC 8. Contact Person Ms. Denise Sweeney  
9. Tel. # (212) 633-6500 Fax # (212) 729-8969  
10. Address 12 East 44th Street City New York State NY Zip 10017

**III. GENERAL CONTRACTOR**

11. Name N/A Tel. # \_\_\_\_\_

**IV. ASBESTOS ABATEMENT CONTRACTOR**

12. Name ETS Contracting, Inc. 13. Contact Person Mr. Robert Middleton  
14. Federal Employer ID. # PII 15. Tel. # (718) 706-6300 Fax # (718) 706-1032  
16. Address 160 Clay Street City Brooklyn State NY Zip 11222

**V. THIRD PARTY AIR MONITOR**

17. Name Hillman Environmental Co., Inc. 18. Contact Person Mr. Michael Nehlsen  
19. Federal Employer ID. # PII 20. Tel. # (908) 688-7800 Fax # (908) 686-2636  
21. Address 1200 Route 22 East City Union State NJ Zip 07083  
22. Sample Analysis Laboratory Hillmann Environmental Co., Inc. 23. NYS DOH ELAP # 10926

**VI. PROJECT INFORMATION**

24. Starting date for this portion of work 8/6/03 Projected completion date 9/30/03

Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☐ Sunday

Shift from: 7:00 ☒ am ☐ pm to 6:00 ☐ 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  
968 Square Feet, and/or 328 Linear Feet



ACP 7  
2/2001

**ASBESTOS INSPECTION REPORT (continued)**

26. Asbestos Hauler Tri State Transfer Assoc. NYS DEC Permit # 1A-375 Tel.# (718) 617-0661

Disposal Site(s) BFI Imperial Landfill, 11 Boggs Road, PO Box 47, Imperial, PA 15126

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 Only

28. TYPE OF ABATEMENT (Check all appropriate boxes)

- ☒ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

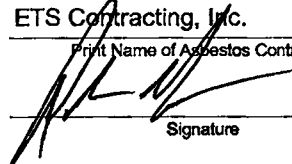
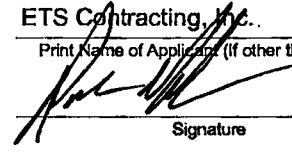
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☒ Full Containment ☐ Glovebag ☒ Tent ☒ DEP Variance Application

**30. LOCATIONS OF ABATEMENT**

| Floor(s)  | DESCRIBE SECTION OF FLOOR<br>(e.g. entire, east wing, room #, boiler room, lobby, etc.) | AFFECTED SURFACES CONTAINING ACM<br>(e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.) | AMOUNT OF ACM |             | DESCRIPTION OF WORK BEING PERFORMED<br>(e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.) |
|-----------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|
|           |                                                                                         |                                                                                                              | SQUARE FEET   | LINEAR FEET |                                                                                                                               |
| Bsmt      | Boiler Room                                                                             | Pipe Lagging                                                                                                 |               | 80          | ACM Rem, Tent/Glovebag                                                                                                        |
| Bsmt      | Oil Tank Room                                                                           | Ceiling Block                                                                                                | 144           |             | ACM Rem/Tent Containment                                                                                                      |
| Bsmt      | Water Meter Room                                                                        | Pipe Lagging                                                                                                 |               | 16          | ACM Rem, Tent/Glovebag                                                                                                        |
| Bsmt      | Water Heater/Storage                                                                    | Pipe Lagging                                                                                                 |               | 6           | ACM Rem, Tent/Glovebag                                                                                                        |
| 1st Pizza | Restaurant                                                                              | Spray-On/Plaster                                                                                             | 824           |             | ACM Rem/Full Cont. w/variance                                                                                                 |
| 1st Miami | Restaurant                                                                              | Pipe Lagging                                                                                                 |               | 64          | ACM Rem/Tent Cont. w/variance                                                                                                 |
| 2nd       | Bathroom                                                                                | Pipe Lagging                                                                                                 |               | 10          | ACM Rem, Tent/Glovebag                                                                                                        |
| 3rd       | Apt./Hallway                                                                            | Pipe Lagging                                                                                                 |               | 128         | ACM Rem, Tent/Glovebag                                                                                                        |
| 9th       | West Hall                                                                               | Pipe Lagging                                                                                                 |               | 24          | ACM Rem, Tent/Glovebag                                                                                                        |
|           |                                                                                         |                                                                                                              |               |             |                                                                                                                               |

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.

|                                                                                                                                                                                             |                                                                                                                                                                                          |                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hillmann Environmental Co., Inc.<br>Print Name of Air Monitor<br><br>Signature<br><u>7/28/03</u><br>Date | ETS Contracting, Inc.<br>Print Name of Asbestos Contractor<br><br>Signature<br><u>7/29/03</u><br>Date | ETS Contracting, Inc.<br>Print Name of Applicant (If other than Owner)<br><br>Signature<br><u>7/29/03</u><br>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.

Liberty, LLC David E. Stanke David E. Stanke July 28, 2003  
 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.

ACP7  
2/2001

*Per 11034403*