

**BENJAMIN KURZBAN
& SON CONTROL, INC.**
1248 Ralph Ave.
BROOKLYN, N.Y. 11236

(718) 531-2900

INVOICE

1180

TO Dept of Environmental Protection
59-17 Junction Blvd
Corona, NY 11368

DATE 8/23/02	ORDER NO.
SHIP TO Contract ROF-REM2	

>	Registration # CT	PII			
	Pin#	PII			
	For work completed at 11 John St				
	8300 SF @ 2/SF				
	Total Amount due this Invoice			\$16,600.00	

[Signature]
ORIGINAL

Thank You!

129WTC
EMERGENCY
ONLY TYPEWRITE FOR MSW/DOBE



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

AC1127041102
 Building Dept. or TRU No
 FOR OFFICIAL USE ONLY

1. 1
 (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.

(41)

I. FACILITY

2. Address 11 JOHN STREET Borough MN Zip 10038
 AKA _____ 3. Block 79 4. Lot 15
 5. Type of Facility COMMERCIAL 6. Name of Building _____

II. BUILDING OWNER

7. Name COLLEGIATE CHURCH CORP. 8. Contact Person _____
 9. Tel. # (212) 233-1960 Fax # _____
 10. Address 45 JOHN STREET City NEW YORK State NY Zip 10038

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL INC. 13. Contact Person LOUIE IANNICO
 14. Federal Employer ID. # P11 15. Tel. # (718) 531-2900 Fax # (718) 209-1808
 16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS INC. 18. Contact Person MICHAEL NOLAN
 19. Federal Employer ID. # P11 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
 21. Address 228 EAST 45TH STREET City NEW YORK State NY Zip 10017
 22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/11/02 Projected completion date 9/11/02

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

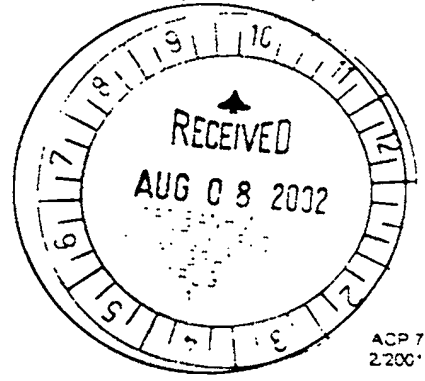
Shift from: 8⁰⁰ ☒ am ☐ pm to 8⁰⁰ ☐ am ☒ pm

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

8300 Square Feet, and/or 0 Linear Feet



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ASBESTOS CONTROL PROGRAM
 FORM 101-1
 10-0

ACP 7
 2-200*

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263
 Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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) _____

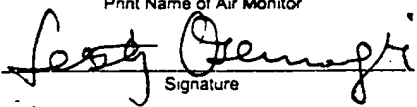
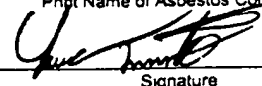
28. TYPE OF ABATEMENT (Check all appropriate boxes)
☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☒ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

Floor(s)	DESCRIBE SECTION OF FLOOR (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	LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
FACADE	JOHN ST. FACADE	FACADE SURFACES	8300		3RD FLOOR TO STREET

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.

WARREN & PANZER ENGINEERS Print Name of Air Monitor  Signature <u>07-12-02</u> Date	B. KURZBAN & SON CONTROL Print Name of Asbestos Contractor  Signature <u>07-12-02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ Date
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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.

 Print Name of Owner

 Signature
07-12-02
 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.

DATE: 8/11/02
 ADDRESS: 11-15 JOHN ST
 CITY: NEW YORK, NY 10038
 15, 11 JOHN ST

DATE	NAME	SSN	IN	OUT	#
8/9	DEON	PII			
8/9	ALICIA				
8/9	DEON				
8/9	MOVING				
	LAZAROVSKY				

8/11/02 SUNDAY PROGRESS REPORT

7:30 AM
 7:45 AM
 7:50 AM

SAFETY MEETING FOR WORKERS
 START PREPERING SIDEWALK
 COVERING WITH POLY MOBILE DECON
 READY, WE CLOSE DOWN SIDEWALK
 ON 115 JOHN ST

8:30 AM

START VACUUMING FACAD'S OF
 BUILDING 11-15 JOHN ST

12:30 PM

WORKERS TOOK SHOWER AND
 VENT FOR LUNCH

1:30 PM

CONTINUE ON VACUUMING AND
 WASHING THE 115 JOHN ST

4 PM

CONTINUE ON CLEANING

6:00 PM

CONTINUE ON CLEANING

7:30 PM

VISUAL INSPECTION WITH DEP ON SITE

8:30

CLEAN UP STREET, MOVE MATERIAL
 WORKERS TOOK SHOWER AND VENT

10:00 PM

HOME

BKFC
1258 RALPH AV
BROOKLYN NY 11236

(60)

8/12/02 MONDAY
15 JOHN ST
11 JOHN ST

NAME	SEA	IN	OUT	IN	OUT
P. LUKAC	PII	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
A. PALICUK		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
L. MOLINA		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
		<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

8/12/02 MONDAY PROGRESS REPORT

7:30 AM	SAFETY MEETING FOR ASB WORKERS	
7:45 AM	WORKERS SUIT UP USE HALF PROTECT	
	CLEAN UP STORES FRONT ON 11-15 JOHN ST	
	AND CLEAN UP WASHING WEST WALL 15 JOHN	
10:00 AM	CONTINUE ON CLEANING	
12:30 PM	WORKERS TOOK SHOWER AND VENT FOR LUNCH	
1:30 PM	START MOVING HANGING SCAFFOLD ON 15 JOHN ST FROM WEST SITE TO NORTH SITE	
	CONTINUE ON CLEANING STORES FRONTS	
3:00 PM	POWER WASHING NORTH SITE 15 JOHN ST	
4:00 PM	CONTINUE ON CLEANING	
5:00 PM	WORKERS TOOK SHOWER AND VENT HOME	

IESI NY CORPORATION

110 5th Street • Brooklyn, NY 11215

Phone: 718-522-2263 • Fax: 718-522-2697

MANIFEST

11787

DATE 8/13/02

GENERATOR	1. Job Site Address 11 John Street New York, N.Y.		Owner's name Dept Of Enviro Protection	Wait and Load Time In _____ Time Out _____
	2. Contractor's name and address Benjamin Kurzban & Son 1248 Ralph Avenue Brooklyn, NY 11236			Drop Date
	3. Waste disposal site (WDS) name, mailing address and physical site location IESI Pa Blue Ridge Landfill Corporation P.O. Box 399 Scotland, Pa 17254			WDS phone number Permit # 100934
	4. Name and address responsible agency (Local, District or EPA Office where notification was sent) US EPA 290 Broadway, New York 10007			
TRANSPORTER	5. Description of materials (RQ) WASTE ASBESTOS 9, NA2212, III	6. VEH. LIC. # 29 676 M TYPE CRSED SIZE 40 BOX 4024	7. TOTAL QUANTITY 7 CUBIC YARDS 1/11479	
	8. Generator Certification			
	9. CONTRACTOR CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international government regulations. 8/13/02			
WASTE SITE	Printed/Typed Name _____ Title _____ Signature _____		Date (M/D/Y) _____	
	10. Transporter #1 (Acknowledgement of receipt of materials) IESI NY CORPORATION • 110 5th Street, Brooklyn, NY 11215		DEC Permit No. NY 462	
	Printed/Typed Name DRIVER Title _____ Signature _____		Date (M/D/Y) 8/13/02	
	11. Transporter #2 (Acknowledgement of receipt of materials) IESI		DEC PERMIT # NY 462	
SITING	Printed/Typed Name JOSUS Title DR Signature _____		Date (M/D/Y) 8/15/02	
	12. Discrepancy indication space			
13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item #12 Katrina K. Kirk Title Sitekeeper Signature KKK Date (M/D/Y) 8/14/02				

WHITE:LANDFILL • GREEN:IESI • PINK:GENERATOR • YELLOW:CONTRACTOR • GOLD:JOB SITE

Client Name: Benjamin Kurzban & Son Control Inc.

Phase Contrast Microscopy (PCM) Fiber Results

11 John Street

SciLab Sample #	Client Sample # / Location	Date Collected	Flow Rate (liters/min.)	Duration (min.)	Air Filtered (liters)	Fields	Fibers	Fiber Density (Fibers/mm ²)	Fibers Conc. (Fibers/cc)	TWA
01	01 Paul Lukac PII	08/11/2002	2.5	30	75	100	2	2.55	< 0.036	
02	02 Paul Lukac PII	08/11/2002	2.5	480	1200	100	3	3.82	< 0.002	

Reporting Notes:Analyzed by: Fred A. Corirossi ; Date Analyzed: 08/23/2002

Samples analyzed by NIOSH 7400(A) Method, Issue #2, 8/15/94: Limit of Detection= 5.5 fibers per 100 fields or 7 fibers/mm²: This report relates ONLY to the sample analysis expressed as fibers/sq mm of filter area: ND=No fibers observed; NA=Not Analyzed; Walton-Beckett graticle field area = 0.00785 mm²; TWA = 8 Hr TWA calculation assumes zero exposure for remainder of 8 hr period not sampled; Upper 95% Confidence limit (Employers Compliance Test)- Calculated as a one sided UCL to determine 95% certainty of compliance with the 0.01 fiber/cc standard; Estimated relative standard deviation: IntraLab Sr=0.405, InterLab Sr=0.45, New York samples (NYSDOH ELAP Lab # 11481); National Institute of Standards and Technology Accreditation requirements mandate that this report must not be reproduced except in full without the approval of the laboratory. ATHA # 102843.

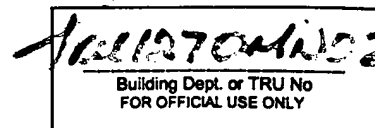
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EMERGENCY

ONLY
TYPEWRITE
FOR MS. WILL BE
0000765



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Asbestos Control Program
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(ASBESTOS INSPECTION REPORT)



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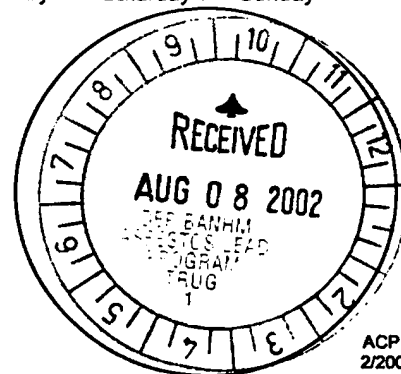
If other,
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DEP
BUREAU OF ENVIRONMENTAL
REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
TR-12



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

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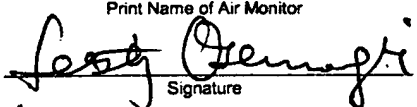
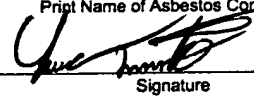
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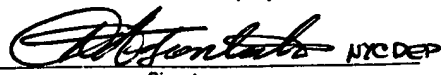
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