

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

(718) 531-2900

INVOICE

1142

TO Dept of Enviromental Protection
59-17 Junction Blvd
Corona, NY 11373

DATE 7/11/02	ORDER NO.
SHIP TO Re: Contract ROE-REM2	

	Registration # CT82620020015280				
	PIN# 82602WTCROOF2				
	For work compltede at 122 Nassau St				
	50 SF @ 2/SF				
	Total Amount due this Invoice				\$100.00

ORIGINAL

Thank You!

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

APR 09614402
Building Dept. or TRU No
FOR OFFICIAL USE ONLY
1. *NYC DEP*
(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 122 Nassau Street Borough Manhattan Zip _____
AKA _____ 3. Block 92 4. Lot 28
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Century Realty Inc. 8. Contact Person _____
9. Tel. # 212-267-7778 Fax # _____
10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Benjamin Kurzban & Son Control 13. Contact Person Louie Iannico
14. Federal Employer ID. # PII 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. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
21. Address 228 East 45th St 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 6/26/02 Projected completion date 7/30/02

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

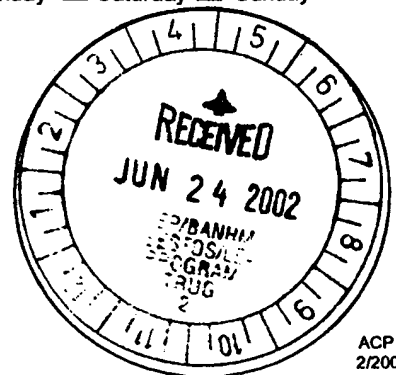
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

50 Square Feet, and/or 0 Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BlueRidge 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 ROOF MATERIAL: ROOF MEMBRANE (TAR)

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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
<u>ROOF</u>		<u>ROOF SURFACE (NEAR SKYLIGHT)</u>	<u>25</u>		
<u>SET BACK ROOF</u>		<u>ROOF SURFACE (AC UNIT)</u>	<u>25</u>		

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.

<u>WARREN & POWELL LLC, P.C.</u> Print Name of Air Monitor	<u>B KURZBAN + SON</u> Print Name of Asbestos Contractor	_____ Print Name of Applicant (If other than Owner)
<u>[Signature]</u> Signature	<u>[Signature]</u> Signature	_____ Signature
<u>6/13/02</u> Date	<u>6/13/02</u> 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.

Print Name of Owner

[Signature]
Signature

06/13/02
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

IESI NY CORPORATION

110 5th Street • Brooklyn, NY 11215

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

MANIFEST

11243

DATE 7/01/02

G E N E R A T O R	1. Job Site Address 122 Nassau Street New York, N.Y.		Owner's name Dept Of Environmental 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 Name, Address and Location IESI NY 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			
T R A N S P O R T E R	5. Description of materials F	6. VEH. LIC. #	7. TOTAL QUANTITY	
	(RQ) WASTE ASBESTOS 9, NA2212, III	TYPE	BAGS	
		SIZE	/ CUBIC YARDS	
W A S T E S I T E	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.			
	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. JA-462
S I T E	Printed/Typed Name	Title	Signature	Date (M/D/Y)
	11. Transporter #2 (Acknowledgement of receipt of materials)			DEC PERMIT #
	Printed/Typed Name	Title	Signature	Date (M/D/Y)
	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			
	Printed/Typed Name	Title	Signature	Date (M/D/Y)

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