

**BENJAMIN KURZBAN
& SON CONTROL, INC.**1248 Ralph Ave.
BROOKLYN, N.Y. 11236**(718) 531-2900**

Dept of Environmental Protection

59-17 Junction Blvd

Corona, NY 11373

INVOICE**1144**

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

Registration # CT82620020015280

PIN# 82602WTCROOF2

For work completed at 118 Nassau St

3837 SF @ 2/sf

Total Amount due this Invoice

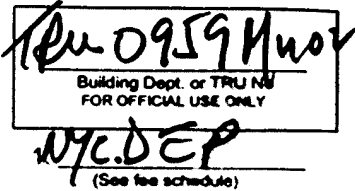
\$ 7,674.00

ORIGINAL

Thank You!

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

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 118 Nassau Street Borough Manhattan Zip _____AKA _____ 3. Block 92 4. Lot 26

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

II. BUILDING OWNER

7. Name Vincent Mazzola 8. Contact Person _____

9. Tel. # _____ 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 Iannico14. Federal Employer ID. # P11 15. Tel. # (718) 531-2900 Fax # (718) 209-180816. 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 NOLAN19. Federal Employer ID. # P11 20. Tel. # (212) 922-0077 Fax # (212) 922-063021. 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 7/30/02Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ SundayShift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pmIf 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

3837 ☒ Square Feet, and/or 0 Linear FeetACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263Disposal 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	
ROOF		ROOF SURFACE	1105		
"		PARAPET WALL	407		
SET BACK ROOF		ROOF SURFACE (BELOW)	500		
FACADE		WEST FACADE (ON NASSAULT)	1425		
ROOF		BULK HEAD	200		
FACADE		AWNING (OUTSIDE)	200		

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>Walter C. Pauer, P.E.</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>6/13/02</u> Date	<u>B. KURZBANJAN</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/13/02</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] DEP 06/13/02
 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.

ATC Associates

104 East 25 Street, New York, NY 10010

Phone: (212) 353-8280

Fax: (212) 353-8306



Attn: Mr. Fabio Pedone

Warren & Panzer Engineers, P.C.

228 E. 45th Street

New York

NY 10017

Fax: (212) 922-0630

Phone: (212) 922-0077

Project: NYC-DEP W & P File #: 1079.01.02

118 & 120 Nassau Street, New York, NY

Received: 6/26/02

9:15:00 PM

ATC Group #: 8297

Analysis Date: 6/27/02

**Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed
by EPA 40 CFR Part 763 Final Rule (AHERA)**

Sample	Volume	Area Analyzed	Non Ash	Asbestos Type(s)	# Structures 0.5µ-5 µ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm ³)	Notes	
01 8297 -1	1560.00	0.0562	0	None Detected	0	0	0.0044	<17.79	<0.0044
02 8297 -2	1560.00	0.0562	0	CHRYSTOLE	0	1	0.0044	17.79	0.0044
03 8297 -3	1560.00	0.0562	0	None Detected	0	0	0.0044	<17.79	<0.0044
04 8297 -4	1560.00	0.0562	0	None Detected	0	0	0.0044	<17.79	<0.0044
05 8297 -5	1560.00	0.0562	0	None Detected	0	0	0.0044	<17.79	<0.0044

ROMAN PEYSAKHOV

Analyzed by:

MICHAEL A. GORYCKI, Ph.D.

Approved by:

Disclaimer: The laboratory is not responsible for data reported in structures/cc, which is dependent on volume collected by non-laboratory personnel. This lab is only responsible for data reported in structures/mm³. This report may not be reproduced, except in full, without written approval by ATC Associates Inc. This report may not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. This report relates only to the samples reported above. Quality control data (including 95% confidence limits and laboratory and analysis accuracy and precision) is available upon request.

Accredited for NVLAP PLM/TEM #101187-0, NY State ELAP #10879

2225 East 48th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-0430

WARREN & PANZER ENGINEERS, P. C.
AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

PAGE 1 OF 1

Fax (312) 922 0430

12 hr⁺/a 6 hr⁺/a 3 hr⁺/a Immediate ⁺/a

ॐ

W&P FILE #: 1079, 0). 02

CLIENT: NYCDEY

CONTACT:

LABORATORY:

PROJECT: BENAMIN KULZOV & SON

ANALYSIS METHOD:	PCM	TEM	TEM
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circle one

LOCATION: 1184 120 NALS AV

TECHNICIAN: L. S. 70

[illegible]

COMMENTS:

Be fch #8297

SAMPLE BY: Luis Soto DATE: 6-26-02
SIGNATURE: [Signature]
RELEASED BY: Luis Soto DATE: 6-26-02
SIGNATURE: [Signature]
RECEIVED BY: ATC LAB DATE: 06/26/02
SIGNATURE: [Signature] 21.15

SAMPLE TYPE CODES	
1 - Blank	5 - Final Clearance (inside)
2 - Pre-Abatement	6 - Final Clearance (outside)
3 - During Abatement	7 - Personal
4 - During Glove Bag Removal	8 - Background

SEE REVERSE SIDE FOR ANALYSIS INFORMATION

Asbestos Inspection Report

Premise No. 118 NASSAU STREET					Inspection Date: AS NOTED	
Floor ROOF AND FACADE	Zip	Borough 1	Block 92	Lot 26	Squad # N/A	Badge # A020
Inspector Dennis Antzoulatos		Building Type MIXED USE		Basis of Inspection WTC Survey		Photos Taken Yes/ No
Contractor's Name Benjamin Kurzban & Son Control				Sample Number N/A		
Address City 1248 Ralph Avenue, Brooklyn				Sample Number N/A		
State Zip Phone NY 11236 (718)531-2900				Sample Number N/A		
Laboratory Name Warren & Panzer Engineers Inc.				Owner's Name		
Address City 228 East 45 Street New York				Address City		
State Zip Phone NY 10017 (212) 922-0077				State Zip Phone		
Contact Person				Time of Inspection from: AS NOTED		
WEDNESDAY JUNE 26 2002						
8:00AM WORKERS BEGIN THE CLEANUPS OF THE ROOF AND SET BACK ROOF AREAS. FOR THE PURPOSES OF AIR MONITORING (SAMPLING), THE ROOF AREAS OF 118 NASSAU, 120 NASSAU, 122 NASSAU AND 124 NASSAU WILL BE TREATED AS ONE WORK AREA. A REMOTE DECON UNIT HAS BEEN ERECTED ON THE 3RD FLOOR OF 124 NASSAU STREET.						
FRIDAY JUNE 28 2002						
5:00PM WORKERS HAVE COMPLETED THE MAIN ROOF AND SET BACK ROOF AREA						
6:00PM I CONDUCT A VISUAL INSPECTION OF THE WORKAREAS AND FIND THAT THEY ARE FREE OF VISIBLE WTC DEBRIS.						
SUNDAY JUNE 30 2002						
8:00AM WORKERS BEGIN THE CONSTRUCTION OF A DYKE ON THE SIDEWALK TO COLLECT ANY WATER FROM THE SCHEDULED FACADE CLEAN-UPS OF 118 NASSAU, 120 NASSAU AND 124 NASSAU STREET. A DECON TRUCK WILL BE USED AS THE REMOTE DECON.						
6:00 PM I CONDUCT A VISUAL INSPECTION OF THE FACADE SURFACE AND FIND THAT IT IS FREE OF VISIBLE WTC DEBRIS. THE CLEAN-UP PROJECT FOR THIS PREMISE IS NOW COMPLETE. FOR THE PURPOSES OF AIR SAMPLING THE FACADES OF THE FOUR BUILDINGS WERE TREATED AS ONE WORK AREA.						

IESI NY CORPORATION**110 5th Street • Brooklyn, NY 11215****Phone: 718-522-2263 • Fax: 718-522-2697**

MANIFEST

11242

DATE

7/10/02

G E N E R A T O R	1. Job Site Address 118 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 Kurzan & Son 1248 Ralph Avenue Brooklyn, NY 11236			Drop Date
	3. Waste disposal site owner or operator 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			
T R A N S P O R T E R	5. Description of materials F (RQ) WASTE ASBESTOS 9, NA2212, III	6. VEH. LIC. # TYPE SIZE	7. TOTAL QUANTITY BAGS / CUBICYARDS	
	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.			
W A S T E S I T E	Printed/Typed Name _____ Title Da. Lorie Signature _____ Date (M/D/Y) 7/10/02		DEC Permit No. NI 462	
	10. Transporter #1 (Acknowledgement of receipt of materials) IESI NY CORPORATION • 110 5th Street, Brooklyn, NY 11215		DEC Permit No. JA-462	
	Printed/Typed Name S. Annette Title DRIVER Signature _____ Date (M/D/Y) 7/01/02		DEC PERMIT # NI 462	
	11. Transporter #2 (Acknowledgement of receipt of materials)		DEC PERMIT #	
	Printed/Typed Name Jessie Title DDI Signature _____ Date (M/D/Y) 7/3/02			
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				
Printed/Typed Name Katrina K. Kirk Title Gatekeeper Signature Katrina K. Kirk Date (M/D/Y) 7/3/02				

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