

AS A TYPEWRITER SET TAB STOPS AS SHOWN ON

**BENJAMIN KURZBAN
& SON CONTROL, INC.**1248 Ralph Ave.
BROOKLYN, N.Y. 11236**(718) 531-2900****INVOICE****1171**

TO

Dept of Environmental Protection

59-17 Junction Blvd

Corona, New York 11373

DATE 7/11/02	ORDER NO.
SHIP TO Re: Contract ROF-REM-2	

>	Registration # CT82620020015280				
	Pin# 82602WTCRoof2				
	For work completed at 116 Nassau St				
	86,571 SF @ 2/SF				
	Total Amount due This Invoice			\$173,142.00	

ORIGINAL

Thank You!

EMERGENCY
 E007WTC
 TYPEWRITTEN
 FORMS WILL BE
 ACCEPTED



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

TRU-08204402
 Building Dept. or TRU No.
 FOR OFFICIAL USE ONLY
 1. 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 116 NASSAU STREET Borough MANHATTAN Zip _____
 AKA 45 ANN STREET 3. Block _____ 4. Lot _____
 5. Type of Facility COMMERCIAL 6. Name of Building _____

II. BUILDING OWNER

7. Name _____ 8. Contact Person _____
 9. Tel. # _____ Fax # _____
 10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name BENJAMIN KURZBAN & SON CONTROL 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 18. Contact Person MIKE 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 6/12/02 Projected completion date 7/12/02

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

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

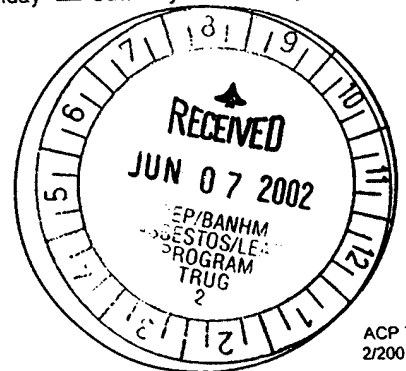
If other,
 specify _____

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

86,571 Square Feet, and/or 0 Linear Feet

DEP
 BUREAU OF ENVIRONMENTAL
 PENETRATION & ENFORCEMENT
 ASBESTOS CONTROL
 PROGRAM
 TRU 2



ACP 7
 2/2001

ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler IESI NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263Disposal 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

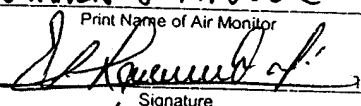
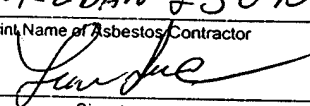
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ 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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
		FACADE SOUTH	5460		
		FACADE SOUTH (INSIDE CORE)	28276		
		FACADE NORTH	20000		
		FACADE EAST	15000		
		FACADE WEST	11700		
		FLUE (INSIDE CORE)	2400		
		FIRE ESCAPES	1650		
		DUCT WORK & A/C UNITS	960		
		SET BACK ROOF	1125		

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 & PANZER</u> Print Name of Air Monitor  Signature <u>6/3/02</u> Date	<u>B KURZBAN & SON</u> Print Name of Asbestos Contractor  Signature <u>6/03/02</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

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