USING A TYPEWRITER SET TABS STOPS AS SHOWN ON

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

(718) 531-2900

INVOICE

1171

DATE	ORDER NO.
7/11/02	

SHIP TO
Re: Contract ROF-REM-2

TO
Dept of Environmental Protection
59-17 Junction Blvd
Corona, New York 11373

>	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!

E007WTC

EMERGENCY

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

NEW YORK CITY DEPARTMENT OF DEP ENVIRONMENTAL PROTECTION www.nyc.gov/dep

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-0820H402
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 MW. 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.

RECEIVED
JUN 07 2002
DEP/BANHM ASBESTOS/LEAD PROGRAM TRUG 2

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 REMEDIATION & 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) 522-2263

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** Re-08204402

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 *	AMOUNT OF ACM LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
		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.

WARREN & PANZER Print Name of Air Monitor	D KURZBAW & SON Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
6/3/02 Date	6/03/02 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 DEP — 06/04/02 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