

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

INVOICE

1146

(718) 531-2900

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

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

>	Registration # CT82620020015280				
	PIN# 82602WTCROOF2				
	For work completed at 111 Nassau St				
	14,185 SF @ 2/Sf				
	Total Amount due this Invoice			\$ 28,370.00	

ORIGINAL

Thank You!

506207C
EMERGENCY
UNWRITTEN
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)

Rev 0984Huo2
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 111 Nassau Street Borough Manhattan Zip _____
AKA 4 Theater Alley 3. Block 90 4. Lot 18
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Jamidaro Partners c/o Pilades Bros. 8. Contact Person _____
9. Tel. # 212-227-9895 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

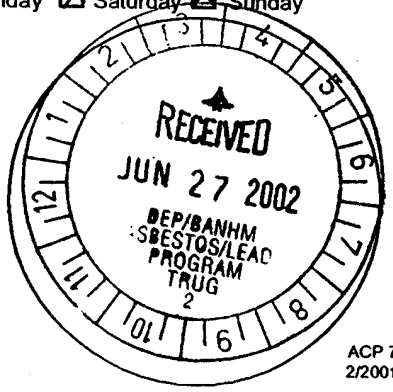
24. Starting date for this portion of work 06/28/02 Projected completion date 07/30/02

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

14185 ☒ 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) 522-2263Disposal 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

TRU 0984M402

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	3842		
"		PARAPET WALL & LEDGE	1764		
"		A/C UNITS & METAL	5000		
FACADE		NASSAU ST. FACADE (EAST)	2295		
"		AWNINGS	672		
"		WINDOWS	612		

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 <u>Jeh</u> Signature <u>6.26.02</u> Date	BENJAMIN KURZBAN & SON CONTROL Print Name of Asbestos Contractor <u>Benjamin Kurzban</u> Signature <u>6/26/02</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 06/26/02

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

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

Received: 6/30/02 7:40:00 PM
ATC Group #: 8354
Analysis Date: 6/30/02

Fax: (212) 922-0630 Phone: (212) 922-0077

Project: NYC-DEP W & P File #: 1079.01.02
111 Nassau Street

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

Sample	Volume	Area Analyzed	Non Asb	Asbestos Type(s)	# Structures 0.5µ-5 µ		Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm ²) (S/cc)		Notes
01 8354 -1	1584.00	0.0562	0	None Detected	0	0	0.0043	<17.79	<0.0043	
02 8354 -2	1584.00	0.0562	0	None Detected	0	0	0.0043	<17.79	<0.0043	
03 8354 -3	1584.00	0.0562	0	None Detected	0	0	0.0043	<17.79	<0.0043	
04 8354 -4	1584.00	0.0562	0	None Detected	0	0	0.0043	<17.79	<0.0043	
05 8354 -5	1584.00	0.0562	0	None Detected	0	0	0.0043	<17.79	<0.0043	

MARK 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/mm². 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 PLWTEM #101187-0, NY State ELAP #10879

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226 East 45th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-0630

WARREN & PANZER ENGINEERS, P.C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

8355

24 hr⁺/a

12 hr⁺/a

6 hr⁺/a

3 hr⁺/a

Immediate ⁺/a

PAGE ____ OF ____

P.O. ____

CLIENT: Dep

PROJECT: FACADE / ROOF CLEANING

LOCATION: 111 JASSAW ST.

W&P FILE #: 1075 01 02

LABORATORY: KTC

ANALYSIS METHOD: PCM

circle one

7400

TEM

AHIERA

EPA LEVEL II

CONTACT: ____

TECHNICIAN: B. B. B.

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (Hrs)	CONCENTR. (mb/cc.)
01	UPPER ROOF NORTH BY WEST	3		4	1	9:48	10:00	396	1584	
02	NORTH BY WEST - NW	3		4	1	9:43	10:01	196	1584	
03	EAST	3		4	1	9:43	10:02	196	1584	
04	NORTH BY WEST - NORTH	3		4	1	9:43	10:03	196	1584	
05	NORTH BY WEST - NORTH	3		4	1	9:43	10:04	196	1584	
06	FIELD BLANK									
07	FIELD BLANK									

COMMENTS:

SAMPLE BY: <u>W. B. B.</u>	DATE: <u>06/00</u>
SIGNATURE: <u>[Signature]</u>	
RELEASED BY: <u>[Signature]</u>	DATE: <u>06/00</u>
SIGNATURE: <u>[Signature]</u>	
RECEIVED BY: <u>[Signature]</u>	DATE: <u>06/00</u>
SIGNATURE: <u>[Signature]</u>	DATE: <u>06/00</u>

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?



ATC Associates Inc.

104 East 25 Street
New York, NY 10010

TEL: (212) 353-8280 FAX: (212) 353-8306

FACSIMILE TELECOPY TRANSMISSION

To: Mr. Fabio Pedone
Warren & Panzer Engineers, P.C.

From: MARK PEYSAKHOV

ATC Group #: 8354

Fax #: (212) 922-0630

Client Project: NYC-DEP W & P File #: 1079.01.02
111 Nassau Street

Date: Sunday, June 30, 2002

Time: 11:09:25 PM

Comments:

Number of Pages: 3
(including cover page)

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NYC-WTC 000099071

IESI NY CORPORATION

110 5th Street • Brooklyn, NY 11215

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

MANIFEST

11247

DATE 7/01/02

G E N E R A T O R	1. Job Site Address 111 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 Kurzman & Son 1248 Ralph Avenue Brooklyn, NY 11236			Drop Date
	3. Waste disposal site name, address and location IESI 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 (RQ) WASTE ASBESTOS 9, NA2212, III	6. VEH. LIC. # TYPE SIZE	7. TOTAL QUANTITY BAGS 3 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 _____ Signature _____		Date (M/D/Y) <u>7/01/02</u>	
	10. Transporter #1 (Acknowledgement of receipt of materials) IESI NY CORPORATION • 110 5th Street, Brooklyn, NY 11215		DEC Permit No. JA-462	
	S. HANKE DRIVER _____ Printed/Typed Name Title Signature		7/01/02 Date (M/D/Y) NY 462	
	11. Transporter #2 (Acknowledgement of receipt of materials)		DEC PERMIT # NY 462	
	JOSIAH DRIVER _____ Printed/Typed Name Title Signature		7/2/02 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			
	KATRINA K. KIRK Gatekeeper _____ Printed/Typed Name Title Signature		7-3-02 Date (M/D/Y)	

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