

FIBER CONTROL, INC.

3010 BURNS AVENUE
WANTAGH, NY 11793
(516) 781-3000
FAX (516) 781-3085

INVOICE

Revised 11/27/02

10/07/02

F1186

Date:

Inv. No.: 1

Due Date:

Page No.:

**BILL TO: New York City Dept of
Environmental Protection
Asbestos Control Program
59-17 Junction Blvd
Flushing, NY 11373-5108
Att: Alphonso Plumptre
Deputy Lab Director Supervising I.H.**

JOB SITE: job sites listed below

REFERENCE

TERMS

YOUR #

OUR #

SALES REP

TEL: 718-595-3671

Upon Completion

CONTRACT ROF-REM1

F1186

PG

DESCRIPTION

UNIT
MEASURE

QUANTITY

UNIT PRICE

ITEM DISCOUNT

EXTENDED PRICE

**Exterior Cleanup
Address****Asphalt Roof Unit Price****façade Unit Price****Gravel Roof Unit Price****Total**

112 Fulton Street

roof
façade

2,100 sq ft @ 1.48

2,250 sq ft @ 2.50

3,108.00 ✓
5,625.00 ✓

118 Chambers Street

roof
façade

1,800 sq ft @ 1.48

1,875 sq ft @ 2.50

2,664.00 ✓
4,687.50 ✓

43 Park Place

roof
façade

2,700 sq ft @ 1.48

2,250 sq ft @ 2.50

3,996.00 ✓
5,625.00 ✓

49-51 Warren Street

façade

3,750 sq ft @ 2.50

9,375.00 ✓

113 Nassau Street

roof
façade

2,575 sq ft @ 1.48

2,250 sq ft @ 2.50

3,811.00 ✓
5,625.00 ✓**44,516.50****WWW.ACTIONHAZMAT.COM**

SUB TOTAL

TAX

TOTAL

\$ 44,516.50

0.00

\$ 44,516.50

NET TO PAY

E183 WTC



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 15984102
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

EMERGENCY

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 113 NASSAU STREET Borough N.Y. Zip 10038
AKA 6 THEATER ALLEY 3. Block 90 4. Lot 17
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name HELEN L REALTY CORP 8. Contact Person Michael Lenza
9. Tel. # _____ Fax # _____
10. Address 83 WOODWARD AVE City Staten Island State N.Y. Zip 10314

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
16. Address 3010 BURNS AVE City WANTASH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN
19. Federal Employer ID. # _____ 20. Tel. # 212-982-0077 Fax # 212-922-0630
21. Address 228 EAST 45TH STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, LLC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 10/4/02 Projected completion date 10/30/02

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

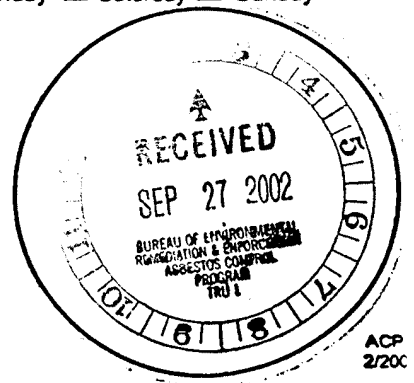
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

4825 Square Feet, and/or _____ Linear Feet



ACP
2/20C

DEP
BUREAU OF ENVIRONMENTAL
REGULATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
TRU 1

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO NYS DEC Permit # CT-098 Tel. # 800-272-3867
 Disposal Site(s) SOUTHERN ALLEGHENIES, VALLEY LANDFILL

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

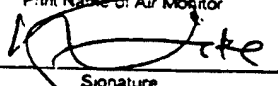
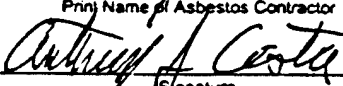
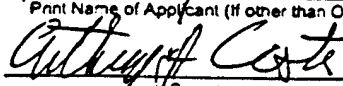
29. ABATEMENT PROCEDURE (Check all appropriate boxes)
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

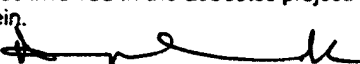
TALL 1598 MN02

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	(Asphalt)		2575		
Facade			2250		

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>BOSUN OGUINAKI</u> Print Name of Air Monitor  Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor  Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner)  Signature <u>6-3-02</u> 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.

Alphonse Plimpton  9/27/02
Print Name of Owner 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.

ASBESTOS INSPECTION REPORT

PAGE 1 OF 1

EMISE NO.		STREET				INSPECTION DATE	
113		Nassau Street				10/2/02	
DOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #	
RIF	10038	1	90	17	1	AD10	
SPECTOR		BLDG TYPE	BASIS OF INSPECT.			PHOTOS TAKEN YES/NO	
J. P. HONSO PLUMBER			TRU 15 GRIMM			YES (NO)	
CONTRACTORS NAME				SAMPLE NO.			
FIBER CONTROL							
ADDRESS				CITY			
3010 BURNS AVE				WANTAGH			
STATE		ZIP	PHONE	SAMPLE NO.			
N.Y.		11793	(516) 781-3000				
LABORATORY NAME				OWNERS NAME			
WARREN & PANZER ENGINEERS, PC				HELEN L. Keally Corp			
ADDRESS		CITY		ADDRESS		CITY	
228 E. 45TH ST		N.Y.		83 Woodward Ave		S.I.	
STATE		ZIP	PHONE	STATE		ZIP	PHONE
N.Y.		10017	(212) 922-0077	N.Y.		10314	
CONTACT PERSON:				TIME OF INSPECTION FROM: TO:			
				4:00 am/pm TO: 8:00 am/pm			
INSPECTION DISCLOSED:							

The roof and the facade were cleaned simultaneously and after the cleanup; inspection was done and no visible debris was observed.

NOV #	INFRACTIONS					RESULT CODE
						5
NOV #						SUPERVISORS INITIALS
						RFP

BORO 1 - MANHATTAN 2 - BRONX 3 - BROOKLYN 4 - QUEENS 5 - RICHMOND

BLDG TYPE A > 6 Stories B < 6 Stories C Single Family D School E Hospital F Public Owned Property

RESULT CODES 1 - Violation Issued 2 - No Violations Issued 3 - No Access 4 - Project not Started (No NOV) 5 - Project Completed (No NOV)

FILE


ATHENICA

ENVIRONMENTAL SERVICES INC.

 Tel. (718) 764-7490
 Fax. (718) 764-4065

AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

CLIENT: Warren & Panzer Engineers, P.C.

LABORATORY ID #: T02-10-011

ANALYT. METHODOLOGY: AHERA

FILTER TYPE: M.C.E.

 AVERAGE G.O. AREA (mm²): 0.013838

PROJECT: NYCDP, 113 Nassau St.

DATE OF REPORT: 10/03/02

DATE OF ANALYSIS: 10/03/02

 EFFECTIVE FILTER AREA (mm²): 385

LABORATORY RESULTS

CLIENT #	LAB. ID #	LOCATION	VOLUME (ft ³)	G.O. % ANALYZED	AREA ANALYZED (mm ²)	ANALYT. SENSITIVITY (structure/ft ³)	TOTAL ASBESTOS AIR CONC. (structure/ft ³)	TOTAL ASBESTOS FILTER CONC. (structure/ft ³)	AIR CONC. FOR STRUCT. ANALYSIS	AIR CONC. FOR STRUCT. ANALYSIS	ASBEST. TYPE CHRV.	ASBEST. TYPE SPECIFY
01	T02-10-011-2735	Street - south	1512	4	0.0554	0.0046	<0.0046	<18.07	NA	NA	NA	NA
02	T02-10-011-2736	Street - center	1530	4	0.0554	0.0045	<0.0045	<18.07	NA	NA	NA	NA
03	T02-10-011-2737	Street - center	1530	4	0.0554	0.0045	<0.0045	<18.07	NA	NA	NA	NA
04	T02-10-011-2738	Street - north	1530	4	0.0554	0.0045	<0.0045	<18.07	NA	NA	NA	NA
05	T02-10-011-2739	Street - north	1474.2	4	0.0554	0.0047	<0.0047	<18.07	NA	NA	NA	NA

E. Shoukri

ANALYST

E. Shoukri

LABORATORY DIRECTOR

Spiro Douganis

LABORATORY CERTIFICATION NUMBERS: NVLAP 101958, ELAP 10955

- Athena Environmental Services Inc. (AES), is responsible only for information pertaining to samples taken by its employees.
- Air sampling cassette will be stored for sixty (60) days. AES Inc., should be notified within this time frame for a true duplicate analysis.
- If AES Inc. did not conduct the sampling, the reported airborne concentration was derived based on information provided by the client. Under these circumstances, the air concentration data is supplied solely for the convenience of the client.
- The report relates only to items tested. This report must not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. Test reports may not be reproduced except in full and with prior approval of AES Inc.
- The liability of Athena Environmental Services Inc. with respect to the services charged, shall in no event exceed the amount of the invoice.

228 East 45th Street
New York, NY 10017
(212) 922-0977
Fax (212) 922-0630

WARREN & PANZER ENGINEERS, P. C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

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

PAGE ____ OF ____

P.O.

W&P FILE #: 1079 01 02

CONTACT: M. Nolan

LABORATORY: A-10-10

ANALYSIS METHOD: PCM TEM

circle one 7400 AHERA EPA LEVEL II

TECHNICIAN:

CLIENT: NYC Dep -

PROJECT: Roof & Facade

LOCATION: 113 MASSAUE ST

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	STOP	ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR. (lb./cc.)
01	STREET - SOUTH	3		7		448	0800	1512		
02	STREET - CENTRE	3		10		446	701	1530		
03	STREET - CENTRE	3		10		447	702	1530		
04	STREET - NORTH	3		10		448	703	1530		
05	STREET - NORTH	3		7		449	0800	210.16	14740	
06	FIELD BLANK	1								
07	FIELD BLANK	1								

COMMENTS:

T02-10-011

SAMPLE BY: <u>[Signature]</u>	DATE: 10-02
SIGNATURE: <u>[Signature]</u>	
RELEASED BY: <u>[Signature]</u>	DATE: 10-02
SIGNATURE: <u>[Signature]</u>	
RECEIVED BY: <u>[Signature]</u>	DATE: 10/3
SIGNATURE: <u>[Signature]</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		