

FIBER CONTROL, INC.

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

INVOICE

Date: 07/18/02
Due Date:

Inv. No.: F1059
Page No.: 1

BILL TO: New York City Dept of
Environmental Protection
Asbestos Control Program
69-17 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	F1059	PG

DESCRIPTION		UNIT MEASURE	QUANTITY	UNIT PRICE		EXTENDED PRICE
REFERENCE					ITEM DISCOUNT	
Exterior Cleanup						
<u>Address</u>	<u>Asphalt Roof</u>	<u>Unit Price</u>	<u>façade</u>	<u>Unit Price</u>		<u>Total</u>
10-12 CORTLAND ST	6204 sq ft @	1.48			\$	9,181.92
10-12 CORTLAND ST			5400 sq ft @	2.50	\$	13,500.00
110 READE ST	1325 sq ft @	1.48			\$	1,961.00
110 READE ST			2250 sq ft @	2.50	\$	5,625.00
111 READE ST	1998 sq ft @	1.48			\$	2,957.04
111 READE ST			1950 sq ft @	2.50	\$	4,875.00
26 WARREN ST	2392 sq ft @	1.48			\$	3,540.16
26 WARREN ST			1950 sq ft @	2.50	\$	4,875.00
53 WARREN ST	1752 sq ft @	1.48			\$	2,592.96
53 WARREN ST			1800 sq ft @	2.50	\$	4,500.00
54 WARREN ST	2185 sq ft @	1.48			\$	3,233.80
54 WARREN ST			1725 sq ft @	2.50	\$	4,312.50
143 CHAMBERS ST	2075 sq ft @	1.48			\$	3,071.00
143 CHAMBERS ST			1950 sq ft @	2.50	\$	4,875.00
144 CHAMBERS ST	1825 sq ft @	1.48			\$	2,701.00
144 CHAMBERS ST			1875 sq ft @	2.50	\$	4,687.50
145 CHAMBERS ST	2002 sq ft @	1.48			\$	2,962.96
145 CHAMBERS ST			1950 sq ft @	2.50	\$	4,875.00
148 CHAMBERS ST	1750 sq ft @	1.48			\$	2,590.00
148 CHAMBERS ST			2625 sq ft @	2.50	\$	6,562.50
154 CHAMBERS ST			1800 sq ft @	2.50	\$	4,500.00
41/43 MURRAY ST			3525 sq ft @	2.50	\$	8,812.50
49 MURRAY STREET			1950 sq ft @	2.50	\$	4,875.00
51 MURRAY STREET	2470 sq ft @	1.48			\$	3,655.60
51 MURRAY STREET			1950 sq ft @	2.50	\$	4,875.00
53 MURRAY STREET			1800 sq ft @	2.50	\$	4,500.00
26 VESEY STREET	2300 sq ft @	1.48			\$	3,404.00

SUB TOTAL	\$ 128,101.44
TAX	0.00
TOTAL	\$ 128,101.44

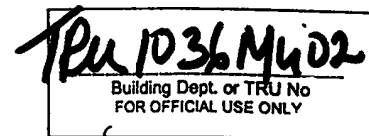
NET TO PAY	
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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



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 41 MURRAY STREET Borough N.Y. Zip 10007
AKA 43 MURRAY ST 3. Block _____ 4. Lot _____
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name ANDREWS BUILDING CORP. 8. Contact Person _____
9. Tel. # (212) 529-5688 Fax # _____
10. Address 382 LAFAYETTE ST City N.Y. State N.Y. Zip 10003

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. # PII 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 EAST 45TH STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, Inc 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 7/5/02 Projected completion date 8/5/02

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

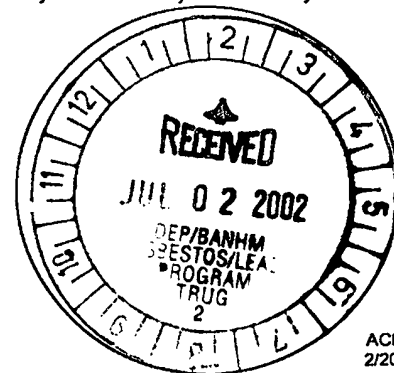
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

3525 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

DEP
BUREAU OF ENVIRONMENTAL
REMEDATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
TRU 12

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)

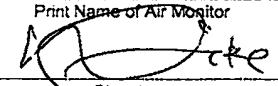
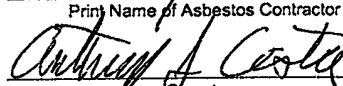
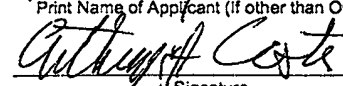
- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

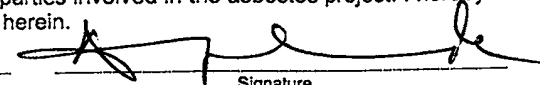
TR 10364u02

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	
<u>FACADE</u>	<u>ENTIRE</u>		<u>3525</u>		

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 OGUINAKKE</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.

A.P.  _____
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.

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# 1079.01.02

41/ 43 Murray Street

Received: 7/15/02

8:30:00 PM

ATC Group #: 8486

Analysis Date: 7/14/88

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 ³)	Notes
001A 8486 -1	1440.00	0.0562	0	None Detected	0	0.0048	<17.79	<0.0048
002A 8486 -2	1440.00	0.0562	0	None Detected	0	0.0048	<17.79	<0.0048
003A 8486 -3	1440.00	0.0562	0	None Detected	0	0.0048	<17.79	<0.0048
004A 8486 -4	1440.00	0.0562	0	None Detected	0	0.0048	<17.79	<0.0048
005A 8486 -5	1440.00	0.0562	0	None Detected	0	0.0048	<17.79	<0.0048

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 #101187-8, NY State ELAP #10679

Page 1 of 1

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

CLIENT: **NYC DEP**

W&P FILE #: 10 F-42 &
LABORATORY: R7C

PROJECT: Windmills Washed Facade
LOCATION: 41/43 Murray St

ANALYSIS METHOD:	PCM	TEM	TEM
circle one	7400	ATHERA	EPA LEV8

TECHNICIAN: *V. Wells*

PAGE 1 OF 1

○
○

CONTACT:

ЗАДАЧА

SCA JOB#:

MEM

EPA LEVEL II

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR (kg/cc.)
001A	Aq to light post	3		6	6	07:35	11:35	240	1440	
002A	underneath sign #43	3		6	6	07:36	11:36	240	1440	
003A	Entrance to Bldg #43	3		6	6	07:37	11:37	240	1440	
004A	8' aq to entrance #41	3		6	6	07:38	11:38	240	1440	
005A	center of sidewalk	3		6	6	07:39	11:39	240	1440	
006	field	1								
007	field	1								
008	Sealed	1								

COMMENTS: instructed to clean + monitor
as only 1 set, only windows should be
washed not facade by ~~defoggers~~.

DATE: 7/13

SAMPLE BY: *A. W. 11/13*
SIGNATURE: *A. W. 11/13*

RELEASED BY: _____ DATE: _____

SIGNATURE: _____

RECEIVED BY: A. T.C. DATE: 07/13/02

SIGNATURE: H. Grant 19:15

SAMPLE TYPE CODES

1 - Blank

22 : Pre-Abatement

3 - During Abatement

4 - During Glove Bag Removal

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: ROMAN PEYSAKHOV

Fax #: (212) 922-0630

ATC Group #: 8486

Date: Thursday, July 14, 1988

Client Project: NYC DEP. W&P# 1079.01.02
41/ 43 Murray Street

Time: 9:43:31 AM

Comments:

Number of Pages: 3
(including cover page)



E.P.A. AGENCY

#99 49010

CT, MA, RI, VT, NH, ME
GENERATORS

NY GENERATORS

EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 264-6770EMERGENCY RESPONSE
TELEPHONE
#1-800-272-3867

LOGANO

P.O. Box 144 • Portland, CT 06480
(860) 342-0867 • Fax: (860) 342-4866
Out of State 1-800-272-3867

FB# 7536 ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number _____ P.O. # _____

Contractor **FIBER CONTROL INC.**

Address **3010 BURNS AVENUE**

City **WANTAGH** State **NY** Zip **11793**

Telephone Number **(516) 781-3000**

Date Container Del. **06/26/02** Date of Pickup **07/25/02**

Type of Container **100 YARD**

VOLUME **1/16** CY Friable ☒ Non-Friable ☐

Bag ☒ Drum ☐ Wrapped ☐ Other ☐

GENERATOR/BUILDING OWNER

ANDREWS BUILDING CORP

Address **382 LAFAYETTE STREET**

City **NEW YORK, NY** State **NY** Zip **10003**

Phone Number _____

GENERATING LOCATION

Address **4143 MURRY STREET**

City **NEW YORK, NY** State **NY** Zip **10003**

Phone Number **INV #: F1059**

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE

Transporter 1: **FIBER CONTROL INC.** **3010 BURNS AVENUE WANTAGH, NY 11793** **516-781-3000**

Name Address Telephone #

Driver: **Tony Costa** Registration #: **NY / 480 139 AR** Date: **07/24/02**

Signature State / #

Acknowledgement of receipt of materials.

Transporter 2: **Waste Management N.E.E.T., Inc., PO Box 144, Portland, CT 06480 1-800-272-3867**

Driver: _____ Registration #: **PII** Date: **7/25/02**

Signature

Acknowledgement of receipt of materials.

TEMPORARY STORAGE / TRANSFER FACILITY: **WASTE MANAGEMENT N.E.E.T., INC. • 203 PICKERING STREET • PORTLAND, CT 06480**

PHONE: (800) 272-3867 PERMIT # SW 1130223

Received By: **N/A** Date: _____

Certification of receipt of materials covered by this manifest.

Transporter 3: **N/A**

Name Address Telephone #

Driver: _____ Registration #: _____ Date: _____

Signature State / #

Acknowledgement of receipt of materials.

Landfill Name: **Southern Highlands** Phone No: **864 479 2537**

Location: **Dandridge TN 37598** Permit # **100051/24/005/60216/2845**

Approximate Volume of Asbestos Received: **1/16 CY**

Discrepancy If Any: _____

Received by: **Michael Mace** Date: **7-26-02**

Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR