FIBER CONTROL, INC.
3010 BURNS AVENUE
WANTAGH, NY 11793
(516) 781-3000
FAX (516) 781-3085

INVOICE

Revised 9-03-02

Date: 08/28/02 Inv. No.: F1130
Due Date: Page No.: 1

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**	**F1130**	**PG**

Exterior Cleanup

DESCRIPTION / REFERENCE		UNIT MEASURE	QUANTITY	UNIT PRICE / ITEM DISCOUNT	EXTENDED PRICE
Address	**Asphalt Roof**	**Unit Price**	**facade**	**Unit Price**	**Gravel Roof** **Unit Price**	**Total**
22 Barclay Street		10710	@ $1.48			$ 15,850.80
			7560	@ $2.50		$ 18,900.00
16 Barclay Street		6426	@ $1.48			$ 9,510.48
	front bldg		5670	@ $2.50		$ 14,175.00
	back bldg		2835	@ $2.50		$ 7,087.50
14 Barclay Street		3150	@ $1.48			$ 4,662.00
45 Murray Street			2100	@ $2.50		$ 5,250.00
146 Chambers Street		1976	@ $1.48			$ 2,924.48
			1950	@ $2.50		$ 4,875.00
	rear setback	260	@ $1.48			384.80
175 Broadway	rear		3000	@ $2.50		$ 7,500.00
177 Broadway	rear		3000	@ $2.50		$ 7,500.00
179 Broadway	rear		3000	@ $2.50		$ 7,500.00
181 Broadway	rear		3000	@ $2.50		$ 7,500.00
						$ 113,620.06

WWW.ACTIONHAZMAT.COM

SUB TOTAL	**$ 113,620.06**
TAX	**0.00**
TOTAL	**$ 113,620.06**
NET TO PAY	

E 120 WTC

ONLY 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)

Tree 1232HNJ02
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 45 MURRAY ST Borough N.Y Zip 10007

AKA _____ 3. Block 133 4. Lot 7

5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Lui CHI TIEN 8. Contact Person _____

9. Tel. # _____ Fax # _____

10. Address 45 Murray St City N.Y State N.Y Zip 10007

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 WANTAGH 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. # 212-922-0077 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 8/5/02 Projected completion date 9/5/02

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.

RECEIVED
AUG 02 2002
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 1

25. Total amount of asbestos-containing material to be abated during this work

2100 Square Feet, and/or _____ Linear Feet

DEP BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 7

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGANO 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 TRL 1232 HN02

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 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			2100		

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.

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

Alphonso Plumpkin — Print Name of Owner

Signature

8/2/02 — 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

ATHENICA
ENVIRONMENTAL SERVICES INC.
Tel. (718) 784-7490
Fax. (718) 784-4085

AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

CLIENT: Warren & Panzer Engineers, P.C.
LABORATORY ID #: T02-08-101
ANALYT. METHODOLOGY: AHERA
FILTER TYPE: M.C.E.
AVERAGE G.O. AREA (mm^2): 0.012422

PROJECT: NYC DEP, 45 Murray Street
DATE OF REPORT: 08/19/02
DATE OF ANALYSIS: 08/19/02
EFFECTIVE FILTER AREA (mm^2): 385

LABORATORY RESULTS

CLIENT #	LAB. ID #	LOCATION	VOLUME (l)	G.O.'s ANAL YZED	AREA ANALY ZED (mm^2)	ANALYT. SENSITIV. (struct./cm^2)	TOTAL ASBESTOS AIR CONC. (struc./cm^3)	TOTAL ASBESTOS FILTER CONC. (str./mm^2)	AIR CONC. FOR STRUCT. 0.5≤S<5µm	AIR CONC. FOR STRUCT. S≥5.0µm	ASBEST. TYPE CHRYS.	AMPHIB. ASBEST TYPE SPECIFY
01A	T02-08-101-1722	In street adjacent to building	1440	5	0.0621	0.0043	<0.0043	<16.10	NA	NA	NA	NA
02A	T02-08-101-1723	Right side by barricade	1440	5	0.0621	0.0043	<0.0043	<16.10	NA	NA	NA	NA
03A	T02-08-101-1724	Right side in street	1440	5	0.0621	0.0043	<0.0043	<16.10	NA	NA	NA	NA
04A	T02-08-101-1725	Left side on sidewalk	1440	5	0.0621	0.0043	<0.0043	<16.10	NA	NA	NA	NA
05A	T02-08-101-1726	Left side in street	1440	5	0.0621	0.0043	<0.0043	<16.10	NA	NA	NA	NA

ANALYST
B. Dimitrakas

LABORATORY DIRECTOR
Spiro Dongaris

LABORATORY CERTIFICATION NUMBERS: NVLAP 101958, ELAP 10955

- Athenica Environmental Services Inc. (AES), is responsible only for information pertaining to samples taken by its employees.
- Air sampling cassettes 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 Athenica Environmental Services Inc. with respect to the services charged, shall in no event exceed the amount of the invoice.

226 East 45th Street
New York, NY 10017
(212) 922-0977
Fax (212) 922-0830

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

P.O. _____

CLIENT: NYC-DEP
PROJECT: FACADE Cleaning
LOCATION: 45 Murray St

W&P FILE #: 1879.01.02
LABORATORY: ATC
ANALYSIS METHOD: PCM 7400 (circle one) TEM AHERA TEM EPA LEVEL II
TECHNICIAN: N. Wells

CONTACT: Mike Yoko
LLW#:
SCA JOB#:

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR. (f/b/cc.)
001A	E/A Street adj to bldg	2		4	4	07:30	11:30	240	1440	
002A	riverside by barricade	3		4	4	07:31	11:31	240	1440	
003A	riverside in Street	3		4	4	07:32	11:32	240	1440	
004A	offside on Sidewalk	3		4	4	07:33	11:33	240	1440	
005A	offside - Street	3		4	4	07:34	11:34	240	1440	
006	Field	1								
007	Field	1								
008	Sealed	1								

COMMENTS: Review - Data
T02-08-101

SAMPLE BY: Nicole Wells DATE: 8/17
SIGNATURE: Nicole Wells
RELEASED BY: _____ DATE: _____
SIGNATURE: _____
RECEIVED BY: E. Sieglen DATE: 8/19/02
SIGNATURE: E

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

PAGE 1 OF ____

ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET: 45 Murray Street					INSPECTION DATE: 8/17/02
DOOR: facade	ZIP: 10007	BORO CODE: 1	BLOCK: 133	LOT: 7	SQUAD #	BADGE #: AD10
INSPECTOR: [illegible] PLUMPTRE	BLDG TYPE	BASIS OF INSPECT.: TRU 1232 MW02				PHOTOS TAKEN YES / NO

CONTRACTORS NAME: FIBER CONTROL	SAMPLE NO.
ADDRESS: 3010 BURNS AVE CITY: WANTAGH	SAMPLE NO.
STATE: N.Y ZIP: 11793 PHONE: (516) 781-3000	SAMPLE NO.
LABORATORY NAME: WARREN & PANZER ENGINEERS, PC	OWNERS NAME: LUI CHI CHEN
ADDRESS: 228 E. 45TH ST CITY: N.Y	ADDRESS: 45, Murray St CITY: N.Y
STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077	STATE: N.Y ZIP: 10007 PHONE
CONTACT PERSON:	TIME OF INSPECTION FROM: 715 (am)/pm TO: 1230 am/(pm)
INSPECTION DISCLOSED:	

The cleanup started at about 715 Ams and at about 810 Ams a tenant on the 2nd floor tried to pull down his apartment window which fell on him. Immediately we called the EMS and he refused treatment or go to the hospital.

We Continued the facade Cleaning and was later inspected without any visible debris on it.

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS
		RP

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)

ACP 30/93