

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS INSPECTION REPORT

TOTAL FEET: 4420 0

Basis of Inspection:

TRU0921MN02

FEE EXEMPT: Yes

1. \$0.00

☐ VarianceONLY TYPEWRITTEN
APPLICATIONS WILL BE
ACCEPTED

NOTE: ASBESTOS INSPECTION REPORT SHALL BE SUBMITTED
TO NYC DEP NOT LESS THAN ONE WEEK IN ADVANCE
OF START OF THE WORK (ABATEMENT ACTIVITIES)

START DATE: 6/21/02

PROJ. COMPLETION DATE: 7/25/02

I. FACILITY

ADDRESS: 51 MURRAY ST. BORO: MANHATTAN ZIP: 10007

TYPE OFFACILITY: BLOCK: LOT:

II. BUILDING OWNER

NAME: 51 UNITED CORP.

Contact PAMELA LEE

TEL. #:

ADDRESS: 51 MURRAY ST. CITY: NY STATE: NY ZIP: 10007

IV. ASBESTOS ABATEMENT CONTRACTOR

NAME: FIBER CONTROL INC.

TEL. #: (516) 781-3000 FEDERAL EMPLOYER IDENTIFICATION #: PII

ADDRESS: 3010 BURNS AVE CITY: WANTAGH STATE: NY ZIP: 11793

VI. LABORATORY FOR SAMPLE ANALYSIS

NAME: SCIENTIFIC LABORATORIES INC - NEW YORK CI

NYS ELAP #: 11480

ASBESTOS WORK SCHEDULE ☒ DAY ☒ EVENING ☐ NIGHT ☐ WEEKENDS ☐ WEEKDAYSINSPECTOR NAME: Alphonso Plumptre SQUAD #: 1 BADGE #: A010DATE OF INSPECTION: 6/25/02 TIME OF INSPECTION: From: 11:15 AM ☒ PM ☐To: 6:00 AM ☐ PM ☒

Contact at site: PAMELA LEE

Inspection disclosed that the following sections were complied with: (Check all that apply)

- | | | |
|---|--|---|
| ☐ 1-51 - Notifications, Reports, Pla | ☐ 1-71 - Air Sampling and Monitorin | ☐ 1-91 - Worker Protection |
| ☐ 1-101 - Materials and Equipment | ☐ 1-116 - Work Place Preparation | ☐ 1-117 - Worker Decontamination System |
| ☐ 1-118 - Waste Decontamination System | ☐ 1-126 - Engineering Controls | ☐ 1-127 - Entry/Exit Procedures |
| ☐ 1-129 - Maintenance of Barriers | ☐ 1-138 - Encapsulation | ☐ 1-139 - Enclosure |
| ☐ 1-140 - Glovebag | ☐ 1-141 - Tent | ☐ 1-137 - ACM Disturbance, RemoveL, Handling |
| ☐ 1-146 - Preliminary Clean-up | ☐ 1-147 - Final Clean-up | |

Project not started

Inspection

revealed all ACM to be intact. New start date: / /

Project ongoing, expected completion date: / /

Project completed on or about / / . All surfaces, including abated surfaces are free of visible ACM and encapsulat

Follow up necessary on / /

Samples taken: ☐ No ☐ Yes 1 2 34 5 6 Photos taken: ☐ Yes ☐ No

Additional comments:

The entire roof was cleaned and did
failed air test and the roof was recleaned and
washed. Another air test was done and passed
including the visual inspection. The facade
was cleaned and passed visual inspection on
7/13/02.

BORO 1 = MANHATTAN 2 = BRONX 3 = BROOKLYN 4 = QUEENS 5 = STATEN ISLAND

RESULT CODES 1 = VIOLATION ISSUED 2 = NO VIOLATION ISSUED 3 = NO ACCESS

4 = PROJECT NOT STARTED (NO NOV) 5 = PROJECT COMPLETED (NO NOV)

RESULT CODE

SUPERVISOR INITIALS



WASTE MANAGEMENT

LOGANO

P.O. Box 144 • Portland, CT 06480
(860) 342-0667 • Fax: (860) 342-4866
Out of State 1-800-272-3867

E.P.A. AGENCY

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

EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

NY GENERATORS

EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 264-6770

#99 49012

EMERGENCY RESPONSE
TELEPHONE
#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 1/8 CY Friable ☒ Non-Friable ☐
Bag ☒ Drum ☐ Wrapped ☐ Other ☐

GENERATOR/BUILDING OWNER

51 UNITED CORP
Address **51 MURRAY STREET**
City **NEW YORK, NY 10007**
Phone Number _____

GENERATING LOCATION

Address **51 MURRAY STREET**
City **NEW YORK, NY 10007**
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: **Rony 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 #: **0930111 me** Date: **7/25/02**
Signature State / #

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: **Spartan Holdings** Phone No: **814 479 2537**
Location: **Andoverville PA 15928** Permit # **100081/CT/008/960116/2845**
Approximate Volume of Asbestos Received: **1/8 CY**

Discrepancy If Any: _____
Received by: **Michael Moe** Date: **7-26-02**

Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR