

**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 49013

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 1/16 CY Friable ☒ Non-Friable ☐
 Bag ☒ Drum ☐ Wrapped ☐ Other ☐
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER

53 MURRAY LLC
 Address **53 MURRAY STREET**
 City **NEW YORK, NY 10007**
 Phone Number _____

GENERATING LOCATION

53 MURRAY STREET
 Address
 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: **TOM 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 #: **0950111 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: _____
 Name Address Telephone #
 Driver: **N/A** Registration #: _____ Date: _____
 Signature State / #
 Acknowledgement of receipt of materials.

Landfill Name: **Southern Allegany** Phone No: **814 479 2537**
 Location: **Donderberg PA 15928** Permit: **100081/CT/PA/960716/2845**
 Approximate Volume of Asbestos Received: **1/16 CY**
 Discrepancy If Any: _____
 Received by: **Muhale Mare** Date: **7-26-02**
 Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR



53 MURRAY LLC
c/o CONTINENTAL WORSTEDS INC.
225 WEST 39TH STREET, NEW YORK, N.Y. 10018

TEL 212-669-7200
FAX 212-944-8621
TELEX 320368

facsimile transmittal

To: Environmental Control Board Date: June 24, 2002
Attn: MELANIE Ref: FAX 718-595-3749
From: # JACK JANGANA Pages:

Please do not do the roof on
the building at 53 Murray
Street, NYC which is
scheduled for Tuesday
June 25, 2002. We will
do the roof ourselves.

You are however authorized
to wash the facade of
the building scheduled for
Friday June 28, 2002.
If you have any questions
on this call please call my
cell phone.

PII

Thanks for your cooperation

Jack Jangana