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

INVOICE

Revised 10/9/02
10/03/02 F1181
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**	**F1181**	**PG**

Exterior Cleanup

Address		Asphalt Roof	Unit Price	facade	Unit Price	Gravel Roof	Unit Price	Total
187 Broadway	roof	2,600	sq ft @ 1.48					3,848.00
	façade			1,560	sq ft @ 2.50			3,900.00
250 Broadway	top roof					1,312	sq ft @ 2.98	3,909.76
	main roof					5,200	sq ft @ 2.98	15,496.00
	31st setback					2,916	sq ft @ 2.98	8,689.68
	25th setback					2,240	sq ft @ 2.98	6,675.20
59 Warren Street	roof	1,750	sq ft @ 1.48					2,590.00
	façade			2,250	sq ft @ 2.50			5,625.00
61 Warren Street	roof	1,300	sq ft @ 1.48					1,924.00
	façade			5,775	sq ft @ 2.50			14,437.50
61-65 W.Broadway	roof	5,280	sq ft @ 1.48					7,814.40
	façade			5,280	sq ft @ 2.50			13,200.00
71-73 W.Broadway	roof	1,776	sq ft @ 1.48					2,628.48
	façade			3,330	sq ft @ 2.50			8,325.00
								99,063.02

R. Radhu

WWW.ACTIONHAZMAT.COM

SUB TOTAL	$ 99,063.02
TAX	0.00
TOTAL	$ 99,063.02
NET TO PAY	

E168 WTC

EMERGENCY

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)

TRU 1532M N02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYCDEP
(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 59, WARREN STREET Borough N.Y Zip 10007

AKA _____ 3. Block _____ 4. Lot _____

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

II. BUILDING OWNER

7. Name Murray Warren Associates LLC 8. Contact Person ALAN PALESTINE

9. Tel. # (212) 758-0850 Fax # (212) 758-0852

10. Address 375 Park Avenue City N.Y State N.Y Zip 10152

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 9/26/02 Projected completion date 9/28/02

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
SEP 20 2002
BUREAU OF ENVIRONMENTAL PROTECTION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
TRU 1

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

4000 Square Feet, and/or _____ Linear Feet

DEP BUREAU OF ENVIRONMENTAL PROTECTION & ENFORCEMENT ASBESTOS CONTROL PROGRAM 59-17

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

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			2250		
Roof	(Asphalt)		1750		

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.

BOSUN OGUNNAIKE	ANTHONY COSTA	ANTHONY COSTA
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
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.

A.P		9/20/02
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.

ACP7
2/2001

ATHENICA
ENVIRONMENTAL SERVICES INC.
Tel. (718) 784-7490
Fax. (718) 784-0085

AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

CLIENT: Warren & Panzer Engineers, P.C.
LABORATORY ID #: T02-09-112
ANALYT. METHODOLOGY: AHERA
FILTER TYPE: M.C.E.
AVERAGE G.O. AREA (mm^2): 0.013838

PROJECT: NYC DEP, 59 Warren St.
DATE OF REPORT: 09/29/02
DATE OF ANALYSIS: 09/29/02
EFFECTIVE FILTER AREA (mm^2): 385

LABORATORY RESULTS

CLIENT #	LAB. ID #	LOCATION	VOLUME (lt)	G.O.'s ANALYZED	AREA ANALYZED (mm^2)	ANALYT. SENSITIV. (struct./cm^3)	TOTAL ASBESTOS AIR CONC. (struc./cm^3)	TOTAL ASBESTOS FILTER CONC. (struc./mm^2)	AIR CONC. FOR STRUCT. >5.5µm	AIR CONC. FOR STRUCT. 2-5µm	ASBEST. TYPE CHRYS.	AMPHIB. ASBEST TYPE SPECIFY
01	T02-09-112-2650	Inside work area south	1550	4	0.0554	0.0045	<0.0045	<18.07	NA	NA	NA	NA
02	T02-09-112-2651	Inside work area east	1550	4	0.0554	0.0045	<0.0045	<18.07	NA	NA	NA	NA
03	T02-09-112-2652	Inside work area west	1550	4	0.0554	0.0045	<0.0045	<18.07	NA	NA	NA	NA
04	T02-09-112-2653	Inside work area center	1550	4	0.0554	0.0045	<0.0045	<18.07	NA	NA	NA	NA
05	T02-09-112-2654	Inside work area north	1550	4	0.0554	0.0045	<0.0045	<18.07	NA	NA	NA	NA

E. Siaukri

ANALYST
E. Siaukri

for S. D.

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.

228 East 45th Street
New York, NY 10017
(212) 922-0077
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

P.O. _____

CLIENT: NYC DEP
PROJECT: Roof / Facades
LOCATION: 55 WARREN STREET

W&P FILE #: 1079:01:62
LABORATORY: ATC
ANALYSIS METHOD: PCM | TEM AHERA | TEM EPA LEVEL II (circle one) — 7400
TECHNICIAN: Celestine Nmorica

CONTACT: Mr Mike Nolan
LLW#:
SCA JOB#:

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTRATION (fib./cc.)
01	Inside work area South	2		10	10	0625	0900	155	1550	
02	Inside work area East	3		10	10	0627	0902	155	1550	
03	Inside work area West	3		10	10	0629	0904	155	1550	
04	Inside work area Centre	3		10	10	0631	0906	155	1550	
05	Inside work area North	3		10	10	0633	0908	155	1550	
06	FIELD BLANK	1								
07	FIELD BLANK	1								
08	COPIED BLANK	1								
								7		

SAMPLE BY: Celestine Nmorica DATE: 09/28/02
SIGNATURE: [signature]
RELEASED BY: Celestine Nmorica DATE: 09/28/02
SIGNATURE: [signature]
RECEIVED BY: A. CAJIGAL DATE: 9/29/02
SIGNATURE: [signature]

COMMENTS:

TO2-09-112

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

ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET: 59 WARREN ST					INSPECTION DATE: 9/28/02
FLOOR: RF	ZIP	BORO CODE: 1	BLOCK	LOT	SQUAD #: 1	BADGE #: AD10

INSPECTOR: PHONS PLUMPTR | BLDG TYPE | BASIS OF INSPECT.: TRU1532MN02 | PHOTOS TAKEN YES / NO

CONTRACTORS NAME: FIBER CONTROL

ADDRESS: 3010 BURNS AVE CITY: WANTAGH

STATE: N.Y ZIP: 11793 PHONE: (516) 781-3000

LABORATORY NAME: WARREN & PANZER ENGINEERS, PC

ADDRESS: 228 E. 45TH ST CITY: N.Y

STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077

CONTACT PERSON:

INSPECTION DISCLOSED:

SAMPLE NO.

SAMPLE NO.

SAMPLE NO.

OWNERS NAME

ADDRESS CITY

STATE ZIP PHONE

TIME OF INSPECTION FROM: 6 am/pm TO: 8 am/pm

The roof and the facade were cleaned and no visible debris observed after the cleanup.

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS
		PP

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 309

FILE