

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:
 Due Date:

Inv. No.: 1
 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

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>facade</u>	<u>Unit Price</u>	<u>Gravel Roof</u>	<u>Unit Price</u>	<u>Total</u>
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 ✓
							<u>99,063.02</u>

R. Radhu

WWW.ACTIONHAZMAT.COM

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

E 171 WTC
EMERGENCY
 OVER THE PHONE
 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 153541102
 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 71-73 WEST BROADWAY 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 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. # _____ 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, LLC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 9/27/02 Projected completion date 10/27/02

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

5106 Square Feet, and/or _____ Linear Feet



ACP 7
 2/2001

DEP
 BUREAU OF ENVIRONMENTAL
 REGULATION & ENFORCEMENT
 ASBESTOS CONTROL
 PROGRAM
 TRU 1

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

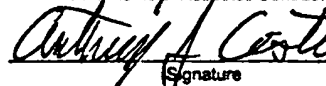
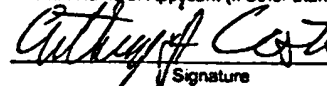
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

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

30. LOCATIONS OF ABATEMENT

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 LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
Facade			3330	
Roof	(ASPHALT)		1776	

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 O'GUINALE</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
---	---	---

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.

 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

ASBESTOS INSPECTION REPORT

PAGE 1 OF

REMISE NO. 71-73		STREET WEST BROADWAY			INSPECTION DATE 9/27/02	
DOOR AF	ZIP	BORO CODE 1	BLOCK	LOT	SQUAD #	BADGE # AD10
INSPECTOR ALPHONSE PLUMPTRE		BLDG TYPE	BASIS OF INSPECT. TRU 1535 MOD			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		
ADDRESS 228 E. 45TH ST CITY N.Y.				ADDRESS CITY		
STATE N.Y. ZIP 10017 PHONE (212) 922-0077				STATE ZIP PHONE		
CONTACT PERSON:				TIME OF INSPECTION FROM: 9:15 am TO: 12:00 pm		
INSPECTION DISCLOSED:						

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

NOV #	#INFRCTIONS					RESULT CODE 5
NOV #						SUPERVISORS INITIALS AF

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 302

FILE