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

INVOICE

REVISED 8-13-02

Date: 08/08/02 Inv. No.: F1088
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 REF
TEL: 718-595-3671	Upon Completion	CONTRACT ROF-REM1	F1088	PG

DESCRIPTION / REFERENCE	UNIT MEASURE	QUANTITY	UNIT PRICE / ITEM DISCOUNT	EXTENDED PRIC

Exterior Cleanup

Address	Asphalt Roof	Unit Price	facade	Unit Price	Total
92 Reade Street	1500 sq ft @	1.48			$ 2,220.00
94 Reade Street	1500 sq ft @	1.48			$ 2,220.00
92-94 Warren Street	4900 sq ft @	1.48			$ 7,252.00
92-94 Warren Street			3750 sq ft @	2.50	$ 9,375.00
150-152 Chambers Street	3400 sq ft @	1.48			$ 5,032.00
150-152 Chambers St (ACP-8)	750 sq ft @	1.48			$ 1,110.00
75 Murray	1450 sq ft @	1.48			$ 2,146.00
75 Murray			1875 sq ft @	2.50	$ 4,687.50
121 Chambers Street			1950 sq ft @	2.50	$ 4,875.00
121 Chambers St (103 Reade St)			1950 sq ft @	2.50	$ 4,875.00
97 Chambers	7052 sq ft @	1.48			$ 10,436.96
					$ 54,229.46

R. Raehm

WWW.ACTIONHAZMAT.COM

SUB TOTAL	$ 54,229.46
TAX	0.00
TOTAL	$ 54,229.46
NET TO PAY	

Krish
E 116 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)

TRU 1201MN02
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 75 Murray Street Borough N.Y Zip 10007

AKA _____ 3. Block _____ 4. Lot _____

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

II. BUILDING OWNER

7. Name GEORGE APRIL | BOGARDUS INC. 8. Contact Person Mr. APRIL

9. Tel. # _____ Fax # _____

10. Address 75, 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 8/01/02 Projected completion date 8/30/02

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

3,325 Square Feet, and/or _____ Linear Feet

RECEIVED
JUL 31 2002
DEP/BANHM
ASBESTOS/LEAD
PROGRAM
TRUG
7

ACP 7
2/2001

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

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGNO 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.)
Roof	(Asphalt)		1450		
Facade			1875		

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 GUERNARE	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 Plumpire — Print Name of Owner
Signature
7/31/02 — 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

ASBESTOS INSPECTION REPORT

PREMISE NO. 75	STREET Murray Street					INSPECTION DATE 8/10/02
FLOOR R/F	ZIP 10007	BORO CODE 1	BLOCK	LOT	SQUAD # 1	BADGE # A-010
INSPECTOR Thomas Plumpton		BLDG TYPE B	BASIS OF INSPECTN TRI 1201 MN02			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 Mr. George April
ADDRESS 228. E. 45TH St CITY N.Y	ADDRESS 75. 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: 2:30 am/pm TO: 3:00 am/pm
INSPECTION DISCLOSED:	

The Cleanup of the roof Started in the early morning and was Completed by Midafternoon. The roof was inspected after the cleanup and no visible debris observed on the roof.

The Cleanup of the facade was done on 8/10/02 and was inspected by Bob Fitzpatrick of Federal EPA after the cleanup. No visible debris observed after the cleanup.

NOV #	INFRACTIONS	RESULT CODE 5
NOV #		SUPERVISORS INITIALS

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

FILE

ATHENICA
ENVIRONMENTAL SERVICES INC.
Tel. (718) 784-7462
Fax. (718) 784-4085

AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

CLIENT: Warren & Panzer Engineers, P. C.
LABORATORY ID #: T02-08-047
ANALYT. METHODOLOGY: ABERA
FILTER TYPE: M.C.E.
AVERAGE G.O. AREA (mm²): 0.012422

PROJECT: NYC DEP, 75 Murray Street
DATE OF REPORT: 08/11/02
DATE OF ANALYSIS: 08/11/02
EFFECTIVE FILTER AREA (mm²): 385

LABORATORY RESULTS

CLIENT #	LAB. ID #	LOCATION	VOLUME (lt)	G.O.'s ANALYZED	AREA ANALYZED (mm²)	ANALYT. SENSITIV. (struct/cm²)	TOTAL ASBESTOS AIR CONC. (struc./cm³)	TOTAL ASBESTOS FILTER CONC. (str./sam²)	AIR CONC. FOR STRUCT. 0.5≤S<5µm	AIR CONC. FOR STRUCT. S≥5.0µm	ASBEST. TYPE CHRYS.	AMPHIB. ASBEST TYPE SPECIFY
01	T02-08-047-1441	Inside work area west	1440	5	0.0621	0.0043	<0.0043	<16.10	NA	NA	NA	NA
02	T02-08-047-1442	Inside work area south	1440	5	0.0621	0.0043	<0.0043	<16.10	NA	NA	NA	NA
03	T02-08-047-1443	Inside work area center	1440	5	0.0621	0.0043	<0.0043	<16.10	NA	NA	NA	NA
04	T02-08-047-1444	Inside work area east	1440	5	0.0621	0.0043	<0.0043	<16.10	NA	NA	NA	NA
05	T02-08-047-1445	Inside work area north	1440	5	0.0621	0.0043	<0.0043	<16.10	NA	NA	NA	NA

ANALYST
B. Siouksi

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 new 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) 922-0977
Fax (212) 922-0638

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: Side Facades
LOCATION: 75 Murray Street

W&P FILE #: 1079:01:02
LABORATORY: AIC
ANALYSIS METHOD: PCM (TEM) AHERA TEM EPA LEVEL II (circle one; PCM 7400)
TECHNICIAN: Celestine Nnamdi

CONTACT: Mr Mike
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/cc)
01	Inside work area West	3		08	08	1145	1445	180	1440	
02	Inside work area South	3		08	08	1147	1447	180	1440	
03	Inside work area Centre	3		08	08	1149	1449	180	1440	
04	Inside work area East	3		08	08	1151	1451	180	1440	
05	Inside work area North	3		08	08	1153	1453	180	1440	
06	BF	1								
07	BF	1								
08	Copied Blank	1								

COMMENTS:
702-06-077

SAMPLE BY: Celestine Nnamdi DATE: 08/13/02
SIGNATURE: C Nnamdi
RELEASED BY: Celestine Nnamdi DATE: 08/14/02
SIGNATURE: _____
RECEIVED BY: E. Siouki DATE: 8/14/02
SIGNATURE: _____

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