BENJAMIN KURZBAN
& SON CONTROL, INC.
1248 Ralph Ave.
BROOKLYN, N.Y. 11236

(718) 531-2900

INVOICE

1222

DATE	ORDER NO.
11/7/02	

SHIP TO
Contract ROF-REM2

TO
Dept of Environmental Protection
59-17 Junction Blvd
Corona, NY 11368

SALESPERSON	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
>	Registration # CT 82620020015280		
	Pin # 82602WTCRoof2		
	For work completed at 83 Nassau St		
	7,428 SF @ 2/SF		
	Total Amount due this Invoice		$14,856.00

R. Radhu

ORIGINAL

Thank You!

NYS DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

FOR 1728MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYC DEP
(See fee schedule)

=202 WTC

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

EMERGENCY
faxed

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 83 Nassau St Borough Manhattan Zip 10038

AKA _____ 3. Block 79 4. Lot 3

5. Type of Facility COMMERCIAL 6. Name of Building LERNER STORE

II. BUILDING OWNER

7. Name ~~Stategis Asset Val & Mgt~~ THE LIMITED, INC 8. Contact Person ROB SOLANO

9. Tel. # 614-415-7000 Fax # _____

10. Address THREE LIMITED PARKWAY City COLUMBUS State OH Zip 43230

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Benjamin Kurzban & Son Control 13. Contact Person Louie Iannico

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 Ralph Avenue City Brooklyn State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name Warren Panzer Engineers Inc. 18. Contact Person Michael Nolan

19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630

21. Address 228 East 45th St City New york State NY Zip 10017

22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 10/21/02 Projected completion date 11/21/02

Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday

Shift from: 8⁰⁰ ☒ am ☐ pm to 8⁰⁰ ☐ am ☒ pm

If other, specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

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OCT 18 2002
BUREAU OF ENVIRONMENTAL COMPLIANCE & ENFORCEMENT
ASBESTOS CONTROL PROGRAM

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

7303 ~~0~~ Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

83 NASSAU ST

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI,NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BlueRidge Landfill PO Box 399 Scotsdale, Pa 17254

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

1728 NYC 2

30. LOCATIONS OF ABATEMENT ROOF MATERIAL : ROOF MEMBRANE

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		ROOF SURFACE	2916		
"		BULKHEADS & A/C UNITS	1000		
SET BACK ROOF		ROOF SURFACE	432		
FACADE	WEST	FACADE SURFACE	1755		
"	"	FIRE ESCAPES	1200		

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.

WARREN & PANZER ENGINEERS Print Name of Air Monitor	B. KURZBAN & SON CONTROL Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
10/17/02 Date	10/17/02 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.

Print Name of Owner	Signature NYC DEP	10/17/02 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. 83 NASSAU STREET				Inspection Date: 10/21/02	
Floor (Roof/Facade) 	Zip 	Borough 1	Block 79	Lot 3	Squad # N/A	Badge # A019
Inspector P. Theodorellys	Building Type B	Basis of Inspection WTC SURVEY		Photos Taken No	
Contractor's Name Benjamin Kurzban & Son Control, Inc.		Sample Number N/A			
Address City 1248 RALPH AVENUE, BROOKLYN.		Sample Number N/A			
State Zip Phone N.Y. 11238 (718) 531-2900		Sample Number N/A			
Laboratory Name Warren & Panzer		Owner's Name New York and Co.			
Address City 228 E 45 St. New York		Address City 83 Nassau St. New York			
State Zip Phone N.Y. 10017 (212) 922-0077		State Zip Phone N.Y. 10038 (614) 415-7000			
Contact Person		Time of Inspection from: As Noted			

12:45 pm - Observations during inspection:
(1) DECON NOT OPERATIONAL, NO RUNNING WATER, NO FILTERS CONNECTED, WATER HAD BEEN REROUTED DUE TO WATER PRESSURE DROP FOR ROOF CLEAN-UP.
(2) HANDLERS LEFT SITE W/O DECON PROPERLY.
(3) 5 AIR SAMPLES BEING RUN AT SOUTH WALL
(4) BAGGED WASTE AT BOTTOM @ COURTYARD
(5) EXTENSION LADDER TIED OFF WITH ONLY ONE POST SUPPORTED ORDERED MOVED
(6) CORRECTIVE ACTIONS WERE NECESSARY

2:45 pm: Observations during inspection:
(1) DECON CORRECTED
(2) EXTENSION LADDER WAS MOVED, STILL FELT UNSAFE, ORDERED REMOVED.

3:00 pm
AIR MONITOR DIRECTED TO PERFORM VISUAL INSPECTION AT 21 MAIDEN LANE

Asbestos Inspection Report

Premise No. 83 NASSAU STREET					Inspection Date: AS NOTED	
Floor ROOF & FACADE	Zip 10038	Borough 1	Block 79	Lot 3	Squad # N/A	Badge # A020
Inspector Dennis Antzoulatos	Building Type COMMERCIAL		Basis of Inspection WTC Survey		Photos Taken (Yes) No	
Contractor's Name Benjamin Kurzban & Son Control			Sample Number N/A			
Address City 1248 Ralph Avenue, Brooklyn			Sample Number N/A			
State Zip Phone NY 11236 (718)531-2900			Sample Number N/A			
Laboratory Name Warren & Panzer Engineers Inc.			Owner's Name			
Address City 228 East 45 Street New York			Address City			
State Zip Phone NY 10017 (212) 922-0077			State Zip Phone			
Contact Person			Time of Inspection from: AS NOTED			

TUESDAY OCTOBER 22 2002

THE CLEAN UP OF THE ROOF OF THE PREMISE BEGAN. AIR SAMPLING FOR THE DAY'S ACTIVITIES WAS PERFORMED BY IDRIS IDOWU (CERTIFICATE AH 02-11201 EXP 05/03). A REMOTE DECONTAMINATION UNIT WAS ERECTED ON THE THIRD FLOOR OF THE PREMISE.

WEDNESDAY OCTOBER 23 2002

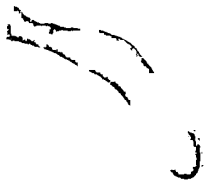
THE CLEAN UP OF THE ROOF OF THE PREMISE IS COMPLETED. THE CLEAN UP OF SET BACK OF THE PREMISE IS CONDUCTED. AIR SAMPLING FOR THE DAYS CLEAN UP PROCEDURES WAS PERFORMED BY IDRIS IDOWU OF WARREN & PANZER ENGINEERS.

THURSDAY OCTOBER 24 2002

THE CLEAN UP OF THE SET BACK ROOF AREA OF THE PREMISE IS COMPLETED. AIR SAMPLING IS PERFORMED BY IDRIS IDOWU. AT THE CONCLUSION OF THE CLEAN UP ACTIVITIES, I CONDUCTED A VISUAL INSPECTION OF THE CLEANED SURFACES AND I OBSERVED NO VISIBLE WTC DEBRIS.

SUNDAY NOVEMBER 3 2002

THE CLEAN UP OF THE WEST FACADE OF THE PREMISE (TOP LEDGE WITH THE ORNAMENTATION ONLY) WAS PERFORMED. THE FACADE CLEAN UP OF THE WEST FACADE OF THE ADJACENT BUILDING (85 NASSAU STREET) WAS PERFORMED SIMULTANEOUSLY. FOR THE PURPOSES OF AIR MONITORING THE WEST FACADES OF THESE TWO BUILDINGS WERE TREATED AS ONE WORK AREA. AIR SAMPLING WAS PERFORMED BY OCHOGHO ERHABOR (CERTIFICATE # AH 00-16198 EXP 12/02). SAMPLING EQUIPMENT WAS LOCATED ON THE SIDEWALK. FACADE SURFACES WERE ACCESSED BY BOOM TRUCK. AT THE CONCLUSION OF THE CLEAN UP ACTIVITIES NO VISIBLE WTC DEBRIS WAS OBSERVED ON THE CLEANED SURFACES



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 AMENDMENT FORM
FOR FORM ACP 7

FOR OFFICIAL USE ONLY
Fee (if any) $ _____
Amendment 2002A-2624
Information Only: ☐ Yes ☐ No

A modification is valid only if it is received by the NYCDEP prior to the previously filed date of completion, except for start date changes that must be received by the original start date.

ACP7 TRU/BN# I728MN02 Facility Address 83 NASSAU STREET Borough MAN Zip 10038

Date ACP7 was filed 10/18/02 Variance # (If any) _____

Was this ACP7 amended before? ☐ Yes ☒ No If yes, specify date _____

Original Start Date 10/21/02 Original Completion Date 11/21/02 from ACP 7, #24.

A notification may be modified no more than twice.
Only the building owner may amend items IV and V.
The original applicant or building owner may amend all other items.

PLEASE ENTER THE INFORMATION THAT IS BEING CHANGED:

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name _____ 13. Contact Person _____
14. Federal Employer ID. # _____ 15. Tel. # _____ Fax # _____
16. Address _____ City _____ State _____ Zip _____

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V. THIRD PARTY AIR MONITOR

17. Name _____ 18. Contact Person _____
19. Federal Employer ID. # _____ 20. Tel. # _____ Fax # _____
21. Address _____ City _____ State _____ Zip _____
22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

☐ Project Cancelled
☐ Project Postponed

VI. PROJECT INFORMATION

24. Starting date for this portion of work _____ Projected completion date _____

Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm If other, specify _____

25. Additional asbestos-containing material to be disturbed during this work 125 Square Feet, and/or 0 Linear Feet

Reduction in the amount of ACM to be disturbed during this work _____ Square Feet, and/or _____ Linear Feet

29. Abatement Procedure for Additional Material (Check all appropriate boxes)
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

Other Changes _____

30. Locations of abatement modified by above (For each floor list ACM quantity and type) _____

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31/32. Name of Applicant / Owner _____ Tel. # _____
Name of Company (If any) _____ Fax # _____
Address _____ City _____ State _____ Zip _____

I hereby declare that the information provided herein is true and complete.

_____ 11/03/02
Signature of Applicant /Owner Date

ACP 8
2/2001

DEP BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 2