

**ASBESTOS REMOVAL CORP.**

14-20 129th Street
College Point, New York 11356
(718) 961-4100 • Fax: (718) 961-4103

NYC DEP
PROJECT 22 MAIDEN LANE
NEW YORK, NY

CONTRACT# ROF-REM3
INVOICE # 21
DATE 7/25/2002

ITEM#	DESCRIPTION OF ITEM	UNIT PRICE	TY/SQ. FT	TOTAL VALUE
1	Roof cleanup-Asphalt/Uncovered Surface up to 2500 sq. ft. of clean-up per bldg/structure	\$ 1.00	2260	\$ 2,260.00
2	Roof cleanup-Asphalt/Uncovered Surface between 2500 sq. ft. 5000 sq. ft.	\$ 0.85	0	\$0.00
3	Roof cleanup-Asphalt/Uncovered Surface greater than 5000 sq. ft.	\$ 0.80	0	\$ -
4	Roof cleanup-Gravel/Stone Surface up to 2500 sq. ft. of clean-up per bldg/structure	\$ 3.00	0	\$ -
5	Roof cleanup-Gravel/Stone Surface between 2500 sq. ft. and 5000 sq. ft.	\$ 2.75	0	0
6	Roof cleanup-Gravel/Stone Greater than 5000 Sq. FT.	\$ 2.50	0	0
7	Façade Clean-up (up to 5000 sq. ft.)	\$ 2.60	1000	\$ 2,600.00
8	Façade Clean-up (6-15 Story Buildings) (greater than 5000 sq. ft.	\$ 2.45	0	0
TOTAL				\$ 4,860.00

E102WTC

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

AGENCY

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION (ASBESTOS INSPECTION REPORT)

File 1126MN02
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 22 Maiden Lane Borough Manhattan Zip 10005
AKA _____ 3. Block 64 4. Lot 2
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Windsor Place Corp. 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Trio Asbestos Removal Corp. 13. Contact Person Chris Horan
14. Federal Employer ID. # PII 15. Tel. # 718-961-4100 Fax # 718-961-4103
16. Address 14-20 129th Street City College Point State NY Zip 11356

V. THIRD PARTY AIR MONITOR

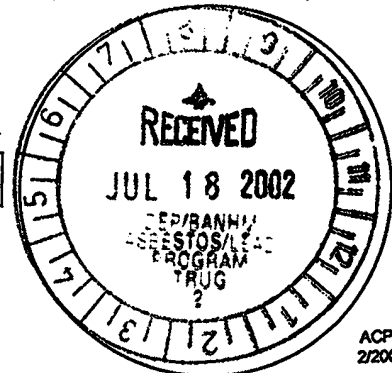
17. Name Warren & Panzer Engineers, P.C. 18. Contact Person Michael Nolan
19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 East 45th Street City New York State NY Zip 10017
22. Sample Analysis Laboratory Warren & Panzer Engineers 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 7/19/2002 Projected completion date 8/1/2002
Asbestos work schedule ☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday
Shift from: 8 ☒ am ☐ pm to 8 ☐ 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
3,260 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001