TRIO EST.1987 ASBESTOS REMOVAL CORP.
14-20 129th Street
College Point, New York 11356
(718) 961-4100 • Fax # (718) 961-4103

NYC DEP
PROJECT 120 LIBERTY/125 CEDAR
NEW YORK, NY

CONTRACT# ROF-REM3
INVOICE # 25
DATE 8/6/2002

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	0	$ -
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	13065	$ 10,452.00
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	0	$ -
8	Façade Clean-up (6-15 Story Buildings) (greater than 5000 sq. ft.	$ 2.45	61140	$ 149,793.00
	TOTAL			$ 160,245.00

EMWTC

EMERGENCY

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

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Fa109894MN02
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 120 Liberty St./125 Cedar St. Borough Manhattan Zip 10006

AKA

3. Block 52 4. Lot 21

5. Type of Facility 6. Name of Building

II. BUILDING OWNER

7. Name 120 Liberty Street, LLC 8. Contact Person

9. Tel. # (718) 830-0131 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 11251

22. Sample Analysis Laboratory Warren & Panzer Engineers. 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/20/02 Projected completion date 6/30/02

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

~~82,205~~ 40,805 Square Feet and/or Linear Feet

RECEIVED
JUN 20 2002
DEP BUR... ASBESTOS ... PROGRAM TRU 2

ACP 7
2/2001

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

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Co. Asbestos Transportation NYS DEC Permit # 1A-371 TEL.# 631-924-5050

Disposal Site(s) Imperial/POB 47, 11 Boggs Rd., PA; Southern Alleghenies/Rd 3 Box 310, Valleyview, PA

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

YW0929MN02

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	Item No. 3		11,565		
Walls	Item No. 8		3,635		
~~Facade~~	~~Item No. 8~~		~~41,400~~		
	Air Shaft				
Roof	Item No. 3		1,500		
Walls	Item No. 8		24,105		

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	Trio Asbestos Removal Corp	NYC
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (if other than Owner)
Signature	Signature	Signature
6/19/02	6/19/02	
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.

120 Liberty Str., LLC c/o NYC — Print Name of Owner

Signature DEP

6/20/02 — 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

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 2002-A1649
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.

RECEIVED
JUL 11 2002
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM

ACP7 TRU/BN# 929MN02 Facility Address 125 Cedar ST Borough MN Zip _____

Date ACP7 was filed _____ Variance # (If any) _____

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

Original Start Date _____ Original Completion Date _____ from ACP 7, #24.

PLEASE ENTER THE INFORMATION THAT IS BEING CHANGED:

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.

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name TRW Asbesto Removal Corp. 13. Contact Person Joe Bowler
14. Federal Employer ID. # PII 15. Tel. # (718) 961-4100 Fax # _____
16. Address 14-20 129th St. City College Pt. State NY Zip 11356

V. THIRD PARTY AIR MONITOR

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

VI. PROJECT INFORMATION

24. Starting date for this portion of work 7/10/02 Projected completion date 8/10/02 ☐ Project Cancelled ☐ Project Postponed

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

Shift from: 8 ☒ am ☐ pm to 8 ☐ am ☒ pm If other, specify _____

25. Additional asbestos-containing material to be disturbed during this work 33,408 Square Feet, and/or _____ Linear Feet

Reduction in the amount of ACM to be disturbed during this work @ 0 Square Feet, and/or 0 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) South Facade

31/32. Name of Applicant / Owner Carl Littwin Tel. # XT 3673

Name of Company (If any) DEP Fax # _____

Address _____ City _____ State _____ Zip _____

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

Carl Littwin
Signature of Applicant /Owner _____ Date

BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM

ACP 8
2/2001

THE CITY OF NEW YORK
OFFICE OF COMPTROLLER
BUREAU OF LABOR LAW

PAYROLL REPORT

(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

AGENCY:
DEPARTMENT OF DESIGN AND CONSTRUCTION

NAME OF CONTRACTOR/SUBCONTRACTOR: TRIO ASBESTOS REMOVAL CO

ADDRESS: 14-20 129TH STREET COLLEGE POINT NY 11356

PHONE No. ( ) -

PAYROLL No. 1

CONTRACT REG No.:

JOB CODE: 20766

WEEK ENDING - DATE: 07/14/02

PROJECT NAME AND LOCATION: 125 CEDAR ST.

TAX I.D. No. 11-2869540

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.	2) LIST TRADE & CIRCLE WORK CLASSIF: JOURNEYPERSON APPRENTICE HELPER	3) TIME	4) DAY AND DATE / HOURS WORKED PER DAY: MON 708	TUE 709	WED 710	THU 711	FRI 712	SAT 713	SUN 714	5) TOTAL HOURS	6) BASE RATE OF PAY PER HOUR	7) TOTAL BASE PAY	SUPPLEMENTAL BENEFITS: 8) RATE PER HOUR	9) PAID TO (Local # if Union is check)	10) TOTAL PAID	11) GROSS PAY	12) TOTAL TAX AND OTHER DEDUCTION	13) NET PAY
STOPA, TADEUSZ	AB-HANDLERS	RT			8.0					8.0	23.15			U E O				
PII		OT									34.72	185.20	6.05	U 78	48.40	185.20	46.86	138.34
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

F7062.ELX

I hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE: [signature]

NAME (Print): CHRISTOPHER HORAN

TITLE: President

DATE: 8/16/02

THE CITY OF NEW YORK
OFFICE OF COMPTROLLER
BUREAU OF LABOR LAW

PAYROLL REPORT

(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

AGENCY: DEPARTMENT OF DESIGN AND CONSTRUCTION

NAME OF CONTRACTOR/SUBCONTRACTOR: TRIO ASBESTOS REMOVAL CO
ADDRESS: 14-20 129TH STREET COLLEGE POINT NY 11356
PHONE No.: ( ) -
PAYROLL No.: 2

CONTRACT REG No.:
JOB CODE: 20766
WEEK ENDING - DATE: 07/21/02
PROJECT NAME AND LOCATION: 125 CEDAR ST.
TAX I.D. No.: 11-2869540

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.	2) LIST TRADE & CIRCLE WORK CLASSIF: JOURNEYPERSON APPRENTICE HELPER	3) TIME	4) DAY AND DATE MON 715	TUE 716	WED 717	THU 718	FRI 719	SAT 720	SUN 721	5) TOTAL HOURS	6) BASE RATE OF PAY PER HOUR	7) TOTAL BASE PAY	SUPPLEMENTAL BENEFITS 8) RATE PER HOUR	9) PAID TO (Local # if Union is check)	10) TOTAL PAID	11) GROSS PAY	12) TOTAL TAX AND OTHER DEDUCTION	13) NET PAY
AVILA, JUAN [PII]	JOURNEYMAN	RT									23.15			U E O				
	AB-HANDLERS	OT							12.0	12.0	34.72	416.70	6.05	U 78	72.60	416.70	161.46	255.24
BATISTA, SIXTO [PII]	JOURNEYMAN	RT			8.0					8.0	23.15			U E O				
	AB-HANDLERS	OT									34.72	185.20	6.05	U 78	48.40	185.20	27.42	157.78
BATISTA, SIXTO [PII]	JOURNEYMAN	RT									25.15			U E O				
	AB-HANDLERS	OT							12.0	12.0	37.72	452.70	6.05	U 78	72.60	452.70	222.27	230.43
BARRIOS, WALTER [PII]	JOURNEYMAN	RT							8.0	8.0	23.15			U E O				
	AB-HANDLERS	OT							4.0	4.0	34.72	324.10	6.05	U 78	72.60	324.10	50.17	273.93
CARRASCO, MONICA [PII]	JOURNEYMAN	RT			8.0					8.0	23.15			U E O				
	AB-HANDLERS	OT									34.72	185.20	6.05	U 78	48.40	185.20	24.38	160.82
LITUMA, GASPAR [PII]	JOURNEYMAN	RT							8.0	8.0	23.15			U E O				
	AB-HANDLERS	OT							4.0	4.0	34.72	324.10	6.05	U 78	72.60	324.10	63.95	260.15
MARTINEZ, LUIS [PII]	JOURNEYMAN	RT			8.0					8.0	28.15			U E O				
	AB-SUPERVISI	OT			2.0					2.0	42.22	370.15		U 80		370.15	134.46	235.69
MARTINEZ, LUIS [PII]	JOURNEYMAN	RT									28.15			U E O				
	AB-SUPERVISI	OT							12.0	12.0	42.22	579.30		U 80		579.30	266.92	312.38

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

F7062.ELX

I hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE

CHRISTOPHER HORAN
NAME (Print)

President
TITLE

8/6/02
DATE

THE CITY OF NEW YORK
OFFICE OF COMPTROLLER
BUREAU OF LABOR LAW

PAYROLL REPORT

(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

AGENCY: DEPARTMENT OF DESIGN AND CONSTRUCTION

NAME OF CONTRACTOR/SUBCONTRACTOR: TRIO ASBESTOS REMOVAL CO
ADDRESS: 14-20 129TH STREET COLLEGE POINT NY 11356
PHONE No.: ( ) -
PAYROLL No.: 2

CONTRACT REG No.	JOB CODE	WEEK ENDING - DATE	PROJECT NAME AND LOCATION	TAX I.D. No.
	20766	07/21/02	125 CEDAR ST.	11-2869540

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.	2) LIST TRADE & CIRCLE WORK CLASSIF: JOURNEYPERSON APPRENTICE HELPER	3) TIME	4) DAY AND DATE: MON 715	TUE 716	WED 717	THU 718	FRI 719	SAT 720	SUN 721	5) TOTAL HOURS	6) BASE RATE OF PAY PER HOUR	7) TOTAL BASE PAY	SUPPLEMENTAL BENEFITS 8) RATE PER HOUR	9) PAID TO (Local # if Union is check)	10) TOTAL PAID	11) GROSS PAY	12) TOTAL TAX AND OTHER DEDUCTION	13) NET PAY
MARIN, DIEGO PII	JOURNEYMAN AB-12A HANDL	RT			8.0					8.0	23.00			U E O U 12		184.00		157.36
		OT									34.50	184.00	6.20		49.60		26.64	
MARIN, DIEGO PII	JOURNEYMAN AB-12A HANDL	RT							8.0	8.0	23.00			U E O U 12		322.00		198.74
		OT							4.0	4.0	34.50	322.00	6.20		74.40		123.26	
MEDINA, DIEGO PII	AB-12A HANDL	RT			8.0					8.0	23.00			U E O U 12		184.00		157.36
		OT									34.50	184.00	6.20		49.60		26.64	
PARRA, RAFAEL PII	JOURNEYMAN AB-HANDLERS	RT							8.0	8.0	23.15			U E O U 78		324.10		273.92
		OT							4.0	4.0	34.72	324.10	6.05		72.60		50.18	
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

F7062.ELX

I hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE

NAME (Print)

President
TITLE

8/6/02
DATE

THE CITY OF NEW YORK
OFFICE OF COMPTROLLER
BUREAU OF LABOR LAW

PAYROLL REPORT

(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

AGENCY:
DEPARTMENT OF DESIGN AND CONSTRUCTION

NAME OF CONTRACTOR/SUBCONTRACTOR: TRIO ASBESTOS REMOVAL CO
ADDRESS: 14-20 129TH STREET COLLEGE POINT NY 11356
PHONE No.: ( ) -
PAYROLL No.: 3

CONTRACT REG No.	JOB CODE	WEEK ENDING - DATE	PROJECT NAME AND LOCATION
	20766	07/28/02	125 CEDAR/120 L

TAX I.D. No.: 11-2869540

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.	2) LIST TRADE & CIRCLE WORK CLASSIF: JOURNEYPERSON APPRENTICE HELPER	3) TIME	4) DAY AND DATE: MON 722	TUE 723	WED 724	THU 725	FRI 726	SAT 727	SUN 728	5) TOTAL HOURS	6) BASE RATE OF PAY PER HOUR	7) TOTAL BASE PAY	SUPPLEMENTAL BENEFITS 8) RATE PER HOUR	9) PAID TO (Local # if Union is check)	10) TOTAL PAID	11) GROSS PAY	12) TOTAL TAX AND OTHER DEDUCTION	13) NET PAY
AVILA, JUAN	JOURNEYMAN	RT	8.0	8.0	8.0	8.0				32.0	23.15			U E O				
PII	AB-HANDLERS	OT	4.0		1.0	4.0	12.5			21.5	34.72	1487.39	6.05	U 78	323.68	1487.39	474.36	1013.03
BATISTA, SIXTO	JOURNEYMAN	RT	8.0	8.0	8.0	8.0				32.0	25.15			U E O				
PII	AB-HANDLERS	OT	4.0		1.0	4.0	12.5			21.5	37.72	1615.89	6.05	U 78	323.68	1615.89	661.43	954.46
BARRIOS, WALTER	JOURNEYMAN	RT	8.0	8.0	8.0					24.0	23.15			U E O				
PII	AB-HANDLERS	OT	4.0		1.0					5.0	34.72	729.23	6.05	U 78	175.45	729.23	188.68	540.55
LITUMA, GASPAR	JOURNEYMAN	RT	8.0	8.0	8.0	8.0				32.0	23.15			U E O				
PII	AB-HANDLERS	OT	4.0		1.0	4.0				9.0	34.72	1053.33	6.05	U 78	248.05	1053.33	333.27	720.06
MARTINEZ, LUIS	JOURNEYMAN	RT	8.0	8.0	8.0	8.0				32.0	28.15			U E O				
PII	AB-SUPERVISI	OT	4.0		1.0	4.0				9.0	42.22	1528.88		U 80		1528.88	528.52	1000.36
MARIN, DIEGO	JOURNEYMAN	RT	8.0	8.0	8.0	8.0	8.0			40.0	23.00			U E O				
PII	AB-12A HANDL	OT	4.0		1.0	4.0	4.5			13.5	34.50	1385.75	6.20	U 12	331.70	1385.75	504.26	881.49
MEDINA, DIEGO		RT				8.0	8.0			16.0	23.00			U E O				
PII	AB-12A HANDL	OT				4.0	4.5			8.5	34.50	661.25	6.20	U 12	151.90	661.25	184.57	476.68
PARRA, RAFAEL	JOURNEYMAN	RT	8.0	8.0	8.0	8.0				32.0	23.15			U E O				
PII	AB-HANDLERS	OT	4.0		1.0	4.0	12.5			21.5	34.72	1487.39	6.05	U 78	323.68	1487.39	509.54	977.85

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

F7062.ELX

I hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE

NAME (Print)

President
TITLE

8/6/02
DATE

THE CITY OF NEW YORK
OFFICE OF COMPTROLLER
BUREAU OF LABOR LAW

PAYROLL REPORT

(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

AGENCY: DEPARTMENT OF DESIGN AND CONSTRUCTION

NAME OF CONTRACTOR/SUBCONTRACTOR	ADDRESS	PHONE No.	PAYROLL No.
TRIO ASBESTOS REMOVAL CO	14-20 129TH STREET COLLEGE POINT NY 11356	( ) -	3

CONTRACT REG No.	JOB CODE	WEEK ENDING - DATE	PROJECT NAME AND LOCATION	TAX I.D. No.
	20766	07/28/02	125 CEDAR/120 L	11-2869540

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.	2) LIST TRADE & CIRCLE WORK CLASSIF: JOURNEYPERSON APPRENTICE HELPER	3) TIME	4) DAY AND DATE / HOURS WORKED PER DAY: MON 722	TUE 723	WED 724	THU 725	FRI 726	SAT 727	SUN 728	5) TOTAL HOURS	6) BASE RATE OF PAY PER HOUR	7) TOTAL BASE PAY	SUPPLEMENTAL BENEFITS 8) RATE PER HOUR	9) PAID TO (Local # if Union is check)	10) TOTAL PAID	11) GROSS PAY	12) TOTAL TAX AND OTHER DEDUCTION	13) NET PAY
WOMOCZYL, IREUEUSZ	JOURNEYMAN	RT					8.0			8.0	28.15			U E O				
PII	AB-SUPERVISI	OT					5.0			5.0	42.22	514.98		U 80		514.98	56.66	458.32
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

F7062.ELX

I hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE: [signature] | NAME (Print): | TITLE: President | DATE: 8/6/02

THE CITY OF NEW YORK
OFFICE OF COMPTROLLER
BUREAU OF LABOR LAW

PAYROLL REPORT

(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

AGENCY:
DEPARTMENT OF DESIGN AND CONSTRUCTION

NAME OF CONTRACTOR/SUBCONTRACTOR: TRIO ASBESTOS REMOVAL CO
ADDRESS: 14-20 129TH STREET COLLEGE POINT NY 11356
PHONE No.: ( ) -
PAYROLL No.: 4

CONTRACT REG No.	JOB CODE	WEEK ENDING - DATE	PROJECT NAME AND LOCATION	TAX I.D. No.
	20766	08/04/02	125 CEDAR/120 L	11-2869540

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.	2) LIST TRADE & CIRCLE WORK CLASSIF: JOURNEYPERSON APPRENTICE HELPER	3) TIME	4) DAY AND DATE: MON 729	TUE 730	WED 731	THU 801	FRI 802	SAT 803	SUN 804	5) TOTAL HOURS	6) BASE RATE OF PAY PER HOUR	7) TOTAL BASE PAY	SUPPLEMENTAL BENEFITS 8) RATE PER HOUR	9) PAID TO (Local # if Union is check)	10) TOTAL PAID	11) GROSS PAY	12) TOTAL TAX AND OTHER DEDUCTION	13) NET PAY
ALVARRACIN, JOSE PII	JOURNEYMAN	RT							8.0	8.0	23.15	202.56	6.05	U E O U 78	51.43	202.56	38.50	164.06
	AB-HANDLERS	OT							.5	.5	34.72							
AVILA, JUAN PII	JOURNEYMAN	RT		8.0	8.0					16.0	23.15	509.30	6.05	U E O U 78	121.00	509.30	92.23	417.07
	AB-HANDLERS	OT		2.0	2.0					4.0	34.72							
BATISTA, SIXTO PII	JOURNEYMAN	RT		8.0	8.0					16.0	25.15	553.30	6.05	U E O U 78	121.00	553.30	202.68	350.62
	AB-HANDLERS	OT		2.0	2.0					4.0	37.72							
MARTINEZ, LUIS PII	JOURNEYMAN	RT		8.0	8.0					16.0	28.15	740.30		U E O U 80		740.30	214.67	525.63
	AB-SUPERVISI	OT		2.0	2.0					4.0	42.22							
MANOVKIAN, TIGRAN PII	JOURNEYMAN	RT							8.0	8.0	25.15	220.06	6.05	U E O U 76	51.43	220.06	33.49	186.57
	AB-FOREMAN,	OT							.5	.5	37.72							
MARIN, DIEGO PII	JOURNEYMAN	RT		8.0	8.0					16.0	23.00	506.00	6.20	U E O U 12	124.00	506.00	128.05	377.95
	AB-12A HANDL	OT		2.0	2.0					4.0	34.50							
MEDINA, DIEGO PII		RT		8.0	8.0					16.0	23.00	506.00	6.20	U E O U 12	124.00	506.00	128.05	377.95
	AB-12A HANDL	OT		2.0	2.0					4.0	34.50							
MOLINA, ELBERT PII	JOURNEYMAN	RT		8.0	8.0					16.0	23.00	506.00	6.20	U E O U 12	124.00	506.00	131.30	374.70
	AB-12A HANDL	OT		2.0	2.0					4.0	34.50							

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

F7062.ELX

I hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE _____ NAME (Print) _____ TITLE President DATE 8/6/02

THE CITY OF NEW YORK
OFFICE OF COMPTROLLER
BUREAU OF LABOR LAW

PAYROLL REPORT

(TO BE SUBMITTED WITH REQUISITION FOR PAYMENT)

AGENCY:
DEPARTMENT OF DESIGN AND CONSTRUCTION

NAME OF CONTRACTOR/SUBCONTRACTOR: TRIO ASBESTOS REMOVAL CO
ADDRESS: 14-20 129TH STREET COLLEGE POINT NY 11356
PHONE No.: ( ) -
PAYROLL No.: 4

CONTRACT REG No.	JOB CODE	WEEK ENDING - DATE	PROJECT NAME AND LOCATION	TAX I.D. No.
	20766	08/04/02	125 CEDAR/120 L	11-2869540

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.	2) LIST TRADE & CIRCLE WORK CLASSIF: JOURNEYPERSON APPRENTICE HELPER	3) TIME	4) DAY AND DATE: MON 729	TUE 730	WED 731	THU 801	FRI 802	SAT 803	SUN 804	5) TOTAL HOURS	6) BASE RATE OF PAY PER HOUR	7) TOTAL BASE PAY	SUPPLEMENTAL BENEFITS 8) RATE PER HOUR	9) PAID TO (Local # if Union is check)	10) TOTAL PAID	11) GROSS PAY	12) TOTAL TAX AND OTHER DEDUCTION	13) NET PAY
POZNANSKA, EWA PII	JOURNEYMAN AB-HANDLERS	RT							5.5	5.5	23.15	162.06	6.05	U E O U 78	39.33	162.06	19.88	142.18
		OT							1.0	1.0	34.72							
STOPA, JOZEF PII	JOURNEYMAN AB-HANDLERS	RT							5.5	5.5	23.15	214.14	6.05	U E O U 78	48.40	214.14	62.92	151.22
		OT							2.5	2.5	34.72							
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																
		RT												U E O				
		OT																

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

F7062.ELX

I hereby certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work upon the above project during the period shown. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

SIGNATURE

CHRISTOPHER HORAN
NAME (Print)

President
TITLE

8/6/02
DATE