

**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

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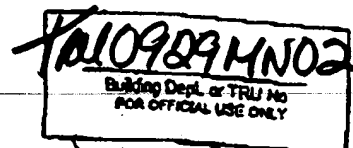
EMERGENCY

P.03

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
58-17 Junction Boulevard, 8th Floor, Corona, NY 11368-6107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



1. NYC DEP
(See fee schedule)

When submitting this form to the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal to the NYC DEP 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

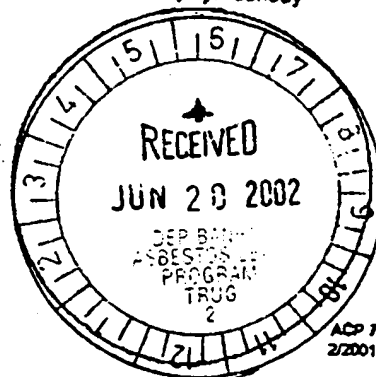
VI. PROJECT INFORMATION

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 Square Feet and/or _____ Linear Feet
40,805 lb



DEP
BUREAU OF ENVIRONMENTAL
REMIEDIATION & ASBESTOS CONTROL
PROGRAM
TRUG 2

JUN-19-2002 13:26

P.04

ASBESTOS INSPECTION REPORT (continued)

Asbestos Transportation

26. Asbestos Hauler Co. Imperial/POB 47, 11 Boggs Rd., PA; Southern Alleghenies/Rd 3 Box 310, Valleyview, PA
 NYS DEC Permit # 1A-371 TEL # 631-924-5050

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) _____

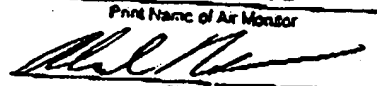
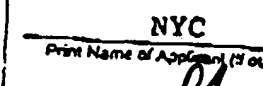
28. TYPE OF ABATEMENT (Check all appropriate boxes)
☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

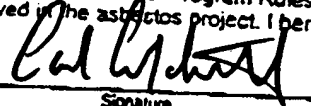
Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
Roof	Item No. 3		11,565		
Walls	Item No. 8		3,635		
Facade	Item No. 8		41,460	CL	
	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 Print Name of Air Monitor  Signature <u>6/19/02</u> Date	Trio Asbestos Removal Corp Print Name of Asbestos Contractor  Signature <u>6/19/02</u> Date	NYC Print Name of Applicant (if other than Owner)  Signature _____ Date
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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
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.

ACPT
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) \$

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.

ACP7 TRU/BN# 929 M 1002 Facility Address 125 Cedar ST Borough Manhattan

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 Asbestos Removal Corp. 13. Contact Person Joe Bender
14. Federal Employer ID. # PII 15. Tel. # (818) 961-4100 Fax # _____
16. Address 14-20 129th St. City College Pt. State NY Zip 11356

V. THIRD PARTY AIR MONITOR

17. Name Watson & Panger 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 33,400 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 South Facade
(For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner Cal Rotundo 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.

Cal Rotundo
Signature of Applicant / Owner

Date

BUREAU OF ENVIRONMENTAL
REMEDIAL ACTION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
10/1/02

ACP 8
2/2001

THE CITY
OFFICE OF
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

CONTRACT REG No. 20766

JOB CODE WEEK ENDING - DATE 07/14/02

PROJECT NAME AND LOCATION 125 CEDAR ST.

ADDRESS 14-20 129TH STREET COLLEGE POINT NY 11356

PHONE No. () - PAYROLL No. 1

TAX I.D. No. 11-2869540

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.

STOPA, TADEUSZ

2) LIST TRADE & CLASSIF. JOURNEYPERSON APPRENTICE HELPER

AB-HANDLERS

3) MON TUE WED THU FRI SAT SUN

708 709 710 711 712 713 714

HOURS WORKED PER DAY

8.0

4) BASE RATE OF PAY PER HOUR

23.15

5) TOTAL HOURS

8.0

6) TOTAL BASE PAY

185.20

7) RATE PER HOUR

6.05

8) SUPPLEMENTAL BENEFITS

PAID TO (Local # if Union is check)

U E O

9) TOTAL PAID

48.40

10) GROSS PAY

185.20

11) TOTAL TAX AND OTHER DEDUCTION

46.86

12) NET PAY

138.34

13) TAX I.D. No.

11-2869540

14) EMPLOYEE'S SIGNATURE

15) TITLE

16) DATE

17) SIGNATURE

18) NAME (Print)

19) CHRISTOPHER MORAN

20) PRESIDENT

21) FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

22) 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.

23) SIGNATURE

24) NAME (Print)

25) CHRISTOPHER MORAN

26) PRESIDENT

27) FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

28) 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.

29) SIGNATURE

30) NAME (Print)

31) CHRISTOPHER MORAN

32) PRESIDENT

33) FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

34) 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.

35) SIGNATURE

36) NAME (Print)

37) CHRISTOPHER MORAN

38) PRESIDENT

THE CITY
OFFICE OF
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. 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) T I M E		4) DAY AND DATE							5) TOTAL HOURS		6) BASE RATE OF PAY PER HOUR		7) TOTAL BASE PAY		8) SUPPLEMENTAL BENEFITS			11) GROSS PAY		12) TOTAL TAX AND OTHER DEDUCTION		13) NET PAY			
						MON TUE WED THU FRI SAT SUN													9) PAID TO (Local if Union is check)		10) TOTAL PAID								
						715 716 717 718 719 720 721																							
						HOURS WORKED PER DAY																							
AVILA, JUAN		JOURNEYMAN		R	T									23.15					U	E	O						255.24		
		AB-HANDLERS		O	T						12.0			34.72			416.70			U		78	72.60			161.46			
BATISTA, SIXTO		JOURNEYMAN		R	T								8.0	23.15					U	E	O						157.78		
		AB-HANDLERS		O	T									34.72			185.20			U		78	48.40			27.42			
BATISTA, SIXTO		JOURNEYMAN		R	T									25.15					U	E	O						230.43		
		AB-HANDLERS		O	T						12.0			37.72			452.70			U		78	72.60			222.27			
BARRIOS, WALTER		JOURNEYMAN		R	T								8.0	23.15					U	E	O						273.93		
		AB-HANDLERS		O	T									34.72			324.10			U		78	72.60			50.17			
CARRASCO, MONICA		JOURNEYMAN		R	T								8.0	23.15					U	E	O						160.82		
		AB-HANDLERS		O	T									34.72			185.20			U		78	48.40			24.38			
LITUMA, GASPAR		JOURNEYMAN		R	T								8.0	23.15					U	E	O						260.15		
		AB-HANDLERS		O	T									34.72			324.10			U		78	72.60			63.95			
MARTINEZ, LUIS		JOURNEYMAN		R	T								8.0	28.15					U	E	O						235.69		
		AB-SUPERVISOR		O	T								2.0	42.22			370.15			U		80				134.46			
MARTINEZ, LUIS		JOURNEYMAN		R	T									28.15					U	E	O						312.38		
		AB-SUPERVISOR		O	T									42.22			579.30			U		80							

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

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.

CHRISTOPHER HORAN

President

NAME (Print)

TITLE

8/6/02

DATE

SIGNATURE

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. 20766 WEEK ENDING - DATE 07/21/02 PROJECT NAME AND LOCATION 125 CEDAR ST.

TAX I.D. No. 11-2889540

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.	2) LIST TRADE & CIRCLE WORK CLASSIF: JOURNEYPERSON APPRENTICE HELPER	3) T I M E	4) DAY AND DATE							5) TOTAL HOURS	6) BASE RATE OF PAY PER HOUR	7) TOTAL BASE PAY	8) SUPPLEMENTAL BENEFITS			9) PAID TO (Local # if Union is check)	10) TOTAL PAID	11) GROSS PAY	12) TOTAL TAX AND OTHER DEDUCTION	13) NET PAY			
			MON	TUE	WED	THU	FRI	SAT	SUN														
	MARIN, DIEGO	R T O T	715	716	717	718	719	720	721		8.0	23.00	184.00	6.20	U	12	49.60	184.00	26.64	157.36			
	MARIN, DIEGO	R T O T							8.0	4.0	23.00	322.00	6.20	U	12	74.40	322.00	123.26	198.74				
	MEDINA, DIEGO	R T O T			8.0					8.0	23.00	184.00	6.20	U	12	49.60	184.00	26.64	157.36				
	PARRA, RAFAEL	R T O T							8.0	4.0	23.15	324.10	6.05	U	78	72.60	324.10	50.18	273.92				
		R T O T												U	E	O							
		R T O T													U	E	O						
		R T O T													U	E	O						
		R T O T													U	E	O						

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.

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

F7062.ELX

SIGNATURE

NAME (Print)

TITLE

DATE

THE CITY
OFFICE OF
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

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

ADDRESS **14-20 129TH STREET COLLEGE POINT** PHONE NO. **NY 11356** PAYROLL No. **3** TAX I.D. No. **11-2869540**

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.		2) LIST TRADE & CIRCLE WORK CLASSIF. JOURNEYPERSON APPRENTICE HELPER		3) T I M E		4) DAY AND DATE							5) TOTAL HOURS		6) BASE RATE OF PAY PER HOUR		7) TOTAL BASE PAY		8) SUPPLEMENTAL BENEFITS			9) PAID TO (Local # if Union is check)		10) TOTAL PAID		11) GROSS PAY		12) TOTAL TAX AND OTHER DEDUCTION		13) NET PAY			
						HOURS WORKED PER DAY																											
						MON TUE		WED THU		FRI SAT		SUN																					
						722 723		724 725		726		727 728																					
						R T		8.0 8.0		8.0 8.0				32.0		23.15		1487.39		6.05			U 78			323.68		1487.39		474.36		1013.03	
						O T		4.0		1.0 4.0		12.5		21.5		34.72				6.05			U 78			323.68		1615.89		661.43		954.46	
						R T		8.0 8.0		8.0 8.0				32.0		25.15				6.05			U 78			323.68							
						O T		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	
						R T		8.0 8.0		8.0 8.0				24.0		23.15							U 78					729.23		188.68		540.55	
						O T		4.0		1.0				5.0		34.72		729.23		6.05			U 78			175.45		729.23		188.68		540.55	
						R T		8.0 8.0		8.0 8.0				32.0		23.15							U 78			248.05		1053.33				720.06	
						O T		4.0		1.0 4.0				9.0		34.72		1053.33		6.05			U 78			248.05		1053.33		333.27		720.06	
						R T		8.0 8.0		8.0 8.0				32.0		28.15							U 78					1528.88				1000.36	
						O T		4.0		1.0 4.0				9.0		42.22		1528.88					U 80							528.52		1000.36	
						R T		8.0 8.0		8.0 8.0		8.0		40.0		23.00							U 12			331.70		1385.75				881.49	
						O T		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	
						R T				8.0 8.0				16.0		23.00							U 12					661.25				476.68	
						O T				4.0 4.5				8.5		34.50		661.25		6.20			U 12			151.90		661.25		184.57		476.68	
						R T		8.0 8.0		8.0 8.0				32.0		23.15							U 78					1487.39				977.85	
						O T		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	

F7062ELX

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  TITLE President DATE 8/6/02

THE CITY
OFFICE OF
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

CONTRACT REG No. **20786** JOB CODE **08/04/02** WEEK ENDING - DATE **08/04/02** PROJECT NAME AND LOCATION **125 CEDAR/120 L**

ADDRESS **14-20 129TH STREET** COLLEGE POINT **NY 11356** PHONE No. **()** PAYROLL No. **4**

TAX I.D. No. **11-2889540**

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.	2) LIST TRADE & CIRCLE WORK CLASSIFICATION: JOURNEYPERSON APPRENTICE HELPER	3) T T M E	4) DAY AND DATE							5) TOTAL HOURS	6) BASE RATE OF PAY PER HOUR	7) TOTAL BASE PAY	8) SUPPLEMENTAL BENEFITS			11) GROSS PAY	12) TOTAL TAX AND OTHER DEDUCTION	13) NET PAY
			MON	TUE	WED	THU	FRI	SAT	SUN				PAID TO (Local # if Union is check)	9) RATE PER HOUR	10) TOTAL PAID			
			729	730	731	801	802	803	804									
			HOURS WORKED PER DAY															
ALVARRACIN, JOSE	JOURNEYMAN	R T							8.0	8.0	23.15	202.56	U E O					164.06
P II	AB-HANDLERS	O T							.5	.5	34.72	202.56	U 78	6.05	51.43	38.50		
AVILA, JUAN	JOURNEYMAN	R T	8.0	8.0						16.0	23.15	509.30	U E O					417.07
P II	AB-HANDLERS	O T	2.0	2.0						4.0	34.72	509.30	U 78	6.05	121.00	92.23		
BATISTA, SIXTO	JOURNEYMAN	R T	8.0	8.0						16.0	25.15	553.30	U E O					350.62
P II	AB-HANDLERS	O T	2.0	2.0						4.0	37.72	553.30	U 78	6.05	121.00	202.68		
MARTINEZ, LUIS	JOURNEYMAN	R T	8.0	8.0						16.0	28.15	740.30	U E O					525.63
P II	AB-SUPERVISOR	O T	2.0	2.0						4.0	42.22	740.30	U 80			214.67		
MANOVKIAN, TIGRAN	JOURNEYMAN	R T							8.0	8.0	25.15	220.06	U E O					186.57
P II	AB-FOREMAN,	O T							.5	.5	37.72	220.06	U 76	6.05	51.43	33.49		
MARIN, DIEGO	JOURNEYMAN	R T	8.0	8.0						16.0	23.00	506.00	U E O					377.95
P II	AB-12A HANDL	O T	2.0	2.0						4.0	34.50	506.00	U 12	6.20	124.00	128.05		
MEDINA, DIEGO		R T	8.0	8.0						16.0	23.00	506.00	U E O					377.95
P II	AB-12A HANDL	O T	2.0	2.0						4.0	34.50	506.00	U 12	6.20	124.00	128.05		
MOLINA, ELBERT	JOURNEYMAN	R T	8.0	8.0						16.0	23.00	506.00	U E O					374.70
P II	AB-12A HANDL	O T	2.0	2.0						4.0	34.50	506.00	U 12	6.20	124.00	131.30		

FALSIFICATION OF STATEMENT IS A PUNISHABLE OFFENSE

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

DATE

F7062 ELX

THE CITY
OFFICE OF
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

CONTRACT REG No. **20766**

JOB CODE

WEEK ENDING - DATE **08/04/02**

PROJECT NAME AND LOCATION
125 CEDAR/120 L

ADDRESS
14-20 129TH STREET

COLLEGE POINT

NY **11356**

PHONE No. () -

PAYROLL No. **4**

TAX I.D. No. **11-2869540**

1) EMPLOYEE'S NAME, ADDRESS, SOCIAL SECURITY No.		2) LIST TRADE & CIRCLE WORK CLASSIF: JOURNEYPERSON APPRENTICE HELPER	3) T M E	4) DAY AND DATE							5) TOTAL HOURS	6) BASE RATE OF PAY PER HOUR	7) TOTAL BASE PAY	8) SUPPLEMENTAL BENEFITS			11) GROSS PAY	12) TOTAL TAX AND OTHER DEDUCTION	13) NET PAY
				HOURS WORKED PER DAY										9) PAID TO (local # if Union is check)	10) TOTAL PAID				
				MON	TUE	WED	THU	FRI	SAT	SUN									
POZNANSKA, EWA PII		JOURNEYMAN AB-HANDLERS	R T O T							5.5	5.5	23.15				U E O			142.18
										1.0	1.0	34.72				U 78	39.33	19.88	
STOPA, JOZEF PII		JOURNEYMAN AB-HANDLERS	R T O T							5.5	5.5	23.15				U E O			151.22
										2.5	2.5	34.72				U 78	48.40	62.92	
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