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

INVOICE

Date: 01/17/03
Due Date:
Inv. No.: F1285
Page No.: 1

BILL TO: New York City Dept of
Environmental Protection
Asbestos Control Program
59-17 Junction Blvd
Flushing, NY 11373-5108
Att: Penny Theodorellys-Perez, Deputy Director

JOB SITE: 125 Cedar Street
New York, NY 11201

REFERENCE	TERMS	YOUR #	OUR #	SALES REP
TEL: 718-595-3657	Upon Completion	CONTRACT ROF-REM1	F1285	PG

DESCRIPTION / REFERENCE	UNIT MEASURE	QUANTITY	UNIT PRICE / ITEM DISCOUNT	EXTENDED PRICE
clean additional façade	1850 sq ft @	2.50		4,625.00
clean additional asphalt roof	496 sq ft @	1.48		734.08
				5,359.08

R. Radhu 2-25-03

WWW.ACTIONHAZMAT.COM

SUB TOTAL	$ 5,359.08
TAX	0.00
TOTAL	$ 5,359.08
NET TO PAY	

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R. Radhu 2-12-03

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NET TO PAY	

E 164 WTC

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 1528 HN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYC DEP
(See fee schedule)

EMERGENCY

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

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 125 Cedar Street Borough Manhattan Zip 11201

AKA _____ 3. Block 52 4. Lot 21

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

II. BUILDING OWNER

7. Name 120 Liberty L.L.C. 8. Contact Person Joe Messino

9. Tel. # 718-830-0131 Fax # _____

10. Address 97-77 Queens Blvd. City Flushing State NY Zip 11374

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Fiber Control, Inc. 13. Contact Person Peter Grande

14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085

16. Address 3010 Burns Avenue City Wantagh State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name A.T.C. Associates 18. Contact Person Fred Burkhardt

19. Federal Employer ID. # PII 20. Tel. # 212-353-8280 Fax # 212-353-8306

21. Address 104 East 25th Street City New York State NY Zip 10010

22. Sample Analysis Laboratory A.T.C. Associates 23. NYS DOH ELAP # 10879

VI. PROJECT INFORMATION

24. Starting date for this portion of work 9/12/02 Projected completion date 10/5/02

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

Shift from: 7 00 ☒ am ☐ pm to 11 00 ☐ am ☒ pm

If other, specify _____

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

RECEIVED
SEP 19 2002
BUREAU OF ENVIRONMENTAL INVESTIGATION & EMERGENCY RESPONSE
ASBESTOS CONTROL PROGRAM
TRU: 1

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

15,000 Square Feet, and/or 0 Linear Feet

RG

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Logano 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.)
ENTIRE BUILDING AS	PER DEP SPECIFICATIONS				

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.

A.T.C. Associates	Fiber Control, Inc.	Fiber Control, Inc.
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
9/17/02	9/17/02	9/17/02
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.

_____ As per cleaning request form _____

Print Name of Owner — Signature — 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

E 236 WTC

EMERG. CY

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION DEP www.nyc.gov/dep

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU1996MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYC DEP
(See fee schedule)

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I. FACILITY

2. Address 125 Cedar Street Borough Manhattan Zip 11201

AKA _____ 3. Block 52 4. Lot 21

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

II. BUILDING OWNER

7. Name 120 Liberty LLC 8. Contact Person Mr. Joe Messino

9. Tel. # (718) 830-0131 Fax # _____

10. Address 97-77 Queens Blvd City Flushing State NY Zip 11374

III. GENERAL CONTRACTOR

11. Name n/a Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Fiber Control Inc. 13. Contact Person Mr. Anthony Costa

14. Federal Employer ID. # PII 15. Tel. # (516) 781-3000 Fax # (516) 781-3085

16. Address 3010 Burns Avenue City Wantagh State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name A.T.C. Associates 18. Contact Person Mr. Fred Burkhardt

19. Federal Employer ID. # PII 20. Tel. # (212) 353-8280 Fax # (212) 353-8306

21. Address 104 East 25th Street City New York State NY Zip 10010

22. Sample Analysis Laboratory A.T.C. Associates 23. NYS DOH ELAP # 10879

VI. PROJECT INFORMATION

24. Starting date for this portion of work 10/5/02 Projected completion date 10/7/02

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.

RECEIVED
DEC 9 2002
BUREAU OF ENVIRONMENTAL INVESTIGATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
TRU 1

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

2,346 Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Logano Trucking 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.)
facade			1,850		
roof	asphalt		496		

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.

A.T.C. Associates	Fiber Control Inc.	Fiber Control Inc.
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
10/15/02	10/15/02	10/15/02
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.

Print Name of Owner | Signature | 12/9/02 Date

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ACP7
2/2001

E 236 WTC

EMERGENCY

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

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(ASBESTOS INSPECTION REPORT)

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Building Dept. or TRU No
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If other, specify

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RECEIVED DEC 9 2002 BUREAU OF ENVIRONMENTAL REMEDIATION & EMERGENCY RESPONSE ASBESTOS CONTROL PROGRAM TRU I

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ACP 7
2/2001

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