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

INVOICE

Date: 09/06/02
Inv. No.: F1138
Due Date:
Page No.: 1

BILL TO: New York City Dept of
Environmental Protection
Asbestos Control Program
59-17 Junction Blvd
Flushing, NY 11373-5108
Att: Alphonso Plumptre
Deputy Lab Director Supervising I.H.

JOB SITE: job sites listed below

REFERENCE	TERMS	YOUR #	OUR #	SALES REP
TEL: 718-595-3671	Upon Completion	CONTRACT ROF-REM1	F1138	PG

Exterior Cleanup

Address		Asphalt Roof	Unit Price	façade	Unit Price	Gravel Roof	Unit Price	Total
30 West Broadway		roof				20,195	sq @ $2.98	60,181.10
		15th fl setback				6,000	sq @ $2.98	17,880.00
		6th fl setback				4,000	sq @ $2.98	11,920.00
		all		72,000	sq ft @ $2.50			180,000.00
	ACP-8	rear		10,000	sq ft @ $2.50			25,000.00
								$ 294,981.10

R. Rachman

WWW.ACTIONHAZMAT.COM

SUB TOTAL	$ 294,981.00
TAX	0.00
TOTAL	$ 294,981.00
NET TO PAY	

E032 WTC

EMERGENCY

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 NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRI0908MN02
Building Dept. or TRD 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 30, WEST BROADWAY Borough N.Y Zip 10007
AKA 235-247 Greenwich St 3. Block ____ 4. Lot ____
5. Type of Facility ____ 6. Name of Building ____

II. BUILDING OWNER

7. Name CUNY 8. Contact Person Jerry Cohen.
9. Tel. # PII Fax # ____
10. Address 585 E. 80th St City N.Y State N.Y Zip 10021

III. GENERAL CONTRACTOR

11. Name ____ Tel. # ____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
16. Address 3010 BURNS Ave City WANTAGH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 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 SCIENTIFIC LABORATORIES, INC 23. NYS DOH ELAP # 11480.

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/24/02 Projected completion date 7/30/02

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 JUN 17 2002

25. Total amount of asbestos-containing material to be abated during this work
~~242,600~~ Square Feet, and/or ____ Linear Feet
141,600 SF

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGANO 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 pl.

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.)
Roof	ASPHALT		3600		
16TH	SETBACK +	GRAVEL	22,000		
15TH	Setback +	Gravel	22,000		
6TH	Set back +	Gravel	22,000		
~~Entire facade~~			~~144,000~~ pl		
All	FACADE pl		72,000	pl	

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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
BOSUN GUARNACCIA	ANTHONY COSTA	ANTHONY COSTA
Signature	Signature	Signature
06-03-02	6-3-02	6-3-02
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.

A P
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

Radhakrishnan, Krish

From: Ron.Spalter@domino1.cuny.edu
Sent: Monday, June 17, 2002 1:17 PM
To: krishr@dep.nyc.gov
Cc: Pestka@fpcm.cuny.edu; nsarin@dasny.org; ScottAnderson@bmcc.cuny.edu
Subject: Exterior Cleaning of Cuny Building at 30 West Broadway and inspection request for 199 Chambers St.

Dear Mr. Radahakrishna:

The contact person for the exterior cleaning of Fiterman Hall (30 West Broadway) is Mr. Narinda Sarin of the Dormatory Authority of the State of NY.
His phone # is 212 273 5040, and I shared with himyour desire to begin the project on Monday 6/24.

I will also be grateful if you would schedule an inspection of BMCC/CUNY's main facility at 199 Chambers St. to determine its eligibility for exterior cleaning under the same program. The contact person at the college is VP Scott Anderson , who can be reached at 212 220 8015.

Thank you very much for all your work on behalf of all New Yorkers and especially those citizens studying at CUINY.

ron spalter

99 (11/24/02 N/A HAMBERS)

(1) ZONE.

E032.WTC

EMERGENCY

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)

TRU0908MN02
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 30, WEST BROADWAY Borough N.Y Zip 10007

AKA 235-247 Greenwich St 3. Block _____ 4. Lot _____

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

II. BUILDING OWNER

7. Name CUNY 8. Contact Person Jerry Cohen.

9. Tel. # PII Fax # _____

10. Address 585 E. 80th St City N.Y State N.Y Zip 10021

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA

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

16. Address 3010 BURNS Ave City WANTAGH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 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 SCIENTIFIC LABORATORIES, Inc 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/24/02 Projected completion date 7/30/02

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 JUN 17 2002

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

213,600 Square Feet, and/or _____ Linear Feet

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

ACP 2/20

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.)
Roof	ASPHALT		3600		
16TH	SETBACK +	GRAVEL	22,000		
15TH	Setback +	Grawel	22,000		
6TH	Set back +	Grawel	22,000		
Entire	facade		144,000		

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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
BOSUN O'GUINNAKE	ANTHONY COSTA	ANTHONY COSTA
Signature	Signature	Signature
06-03-02	6-3-02	6-3-02
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	Date
A. P		

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.

ACP 2/20

Radhakrishnan, Krish

From: Ron.Spalter@domino1.cuny.edu
Sent: Monday, June 17, 2002 1:17 PM
To: krishr@dep.nyc.gov
Cc: Pestka@fpcm.cuny.edu; nsarin@dasny.org; ScottAnderson@bmcc.cuny.edu
Subject: Exterior Cleaning of Cuny Building at 30 West Broadway and inspection request for 199 Chambers St.

Dear Mr. Radahakrishna:

The contact person for the exterior cleaning of Fiterman Hall (30 West Broadway) is Mr. Narinda Sarin of the Dormatory Authority of the State of NY.
His phone # is 212 273 5040, and I shared with himyour desire to begin the project on Monday 6/24.

I will also be grateful if you would schedule an inspection of BMCC/CUNY's main facility at 199 Chambers St. to determine its eligibility for exterior cleaning under the same program. The contact person at the college is VP Scott Anderson , who can be reached at 212 220 8015.

Thank you very much for all your work on behalf of all New Yorkers and especially those citizens studying at CUINY.

ron spalter

199 (CHAMBERS) 2/12/4/02 N/A

(1) ZONE.

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 2002-A1833
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# TRU0908M02 Facility Address 30 WEST BROADWAY Borough N.Y Zip 10007

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

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

Original Start Date 6/24/02 Original Completion Date 7/31/02 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 FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # (516) 781-3000 Fax # (516) 781-3085
16. Address 3010 BURNS AVENUE City WANTAGH State N.Y Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN ~ PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN
19. Federal Employer ID. # _____ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
21. Address 228 E. 45TH ST City N.Y State N.Y Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

☐ Project Cancelled
☐ Project Postponed

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 _____

RECEIVED JUL 31 2002 BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 7

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

Reduction in the amount of ACM to be disturbed during this work 39,405 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)

31/32. Name of Applicant / Owner Alphonso Plumpton Tel. # (718) 595-3682

Name of Company (If any) NYCDEP Fax # _____

Address _____ City _____ State _____ Zip _____

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

_____ 7/31/02
Signature of Applicant /Owner Date

BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 7

ACP 8
2/2001

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-2017
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.

Final

ACP7 TRU/BN# 0908MN02 Facility Address 30 WEST BROADWAY Borough N.Y Zip 10007

Date ACP7 was filed 6/17/02 Variance # (If any) _____

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

Original Start Date 6/24/02 Original Completion Date 7/30/02 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 Fiber Control 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # (516) 781-3009 Fax # (516) 781-3085
16. Address 3010 Burns Avenue City WANTAGH State N.Y Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN PANZER ENGINEERS, PC 18. Contact Person Michael Nolan
19. Federal Employer ID. # _____ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
21. Address 228 E. 45th St City N.Y State N.Y Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/22/02 Projected completion date 8/30/02 ☐ Project Cancelled ☐ Project Postponed

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 10,000 Square Feet, and/or _____ Linear Feet

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

RECEIVED AUG 21 2002 DEP-BNHM ASBESTOS/LEAD PROGRAM TRUG 9

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 Leak facade (EAST SIDE) at GRANITE STEPS.
(For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner Alphonso Plumptre Tel. # (718) 595-3682
Name of Company (if any) NYCDEP Fax # _____
Address _____ City _____ State _____ Zip _____

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

Signature of Applicant /Owner — Date 8/21/02

DEP BUREAU OF ENVIRONMENTAL INVESTIGATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 9

ACP 8
2/2001