**BENJAMIN KURZBAN**
**& SON CONTROL, INC.**
1248 Ralph Ave.
BROOKLYN, N.Y. 11236

**(718) 531-2900**

# INVOICE

1224

| DATE | ORDER NO. |
|---|---|
| 11/7/02 | |

SHIP TO
Contract ROF-REM2

TO
Dept of Environmental Protection
59-17 Junction Blvd
Corona, NY 11368

| SALESPERSON | DATE SHIPPED | SHIPPED VIA | F.O.B. POINT | TERMS |
|---|---|---|---|---|
| | | | | |

| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
|---|---|---|---|
| > | Registration # CT 82620020015280 | | |
| | Pin # PII | | |
| | For work completed at 164 William St | | |
| | 6,550 SF @ 2/SF | | |
| | Total Amount due this Invoice | | $ 13,100.00 |

R. Kaufman

ORIGINAL

*Thank You!*

E213 WTC

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)**

Building Dept. or TRU No
FOR OFFICIAL USE ONLY
Tru1777HN02

1. NYCDEP
(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 164 William St Borough Manhattan Zip 10038

AKA 3. Block 93 4. Lot 24

5. Type of Facility 6. Name of Building

### II. BUILDING OWNER

7. Name Polito Salvatore 8. Contact Person

9. Tel. # Fax #

10. Address City State Zip

### III. GENERAL CONTRACTOR

11. Name Tel. #

### IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Benjamin Kurzban & Son Control 13. Contact Person Louie Iannico

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 Ralph Avenue City Brooklyn State NY Zip 11236

### V. THIRD PARTY AIR MONITOR

17. Name Warren Panzer Engineers 18. Contact Person Michael Nolan

19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630

21. Address 228 East 45th St City New york State NY Zip 10017

22. Sample Analysis Laboratory 23. NYS DOH ELAP #

### VI. PROJECT INFORMATION

24. Starting date for this portion of work 10/25/02 Projected completion date 11/25/02

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

6550 Square Feet, and/or 0 Linear Feet

RECEIVED OCT 28 2002 BUREAU OF ENVIRONMENTAL PROTECTION ASBESTOS CONTROL PROGRAM TRU 1

ACP 7
2/2001

164 WILLIAM STREET

**ASBESTOS INSPECTION REPORT (continued)**

26. Asbestos Hauler IESI,NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BlueRidge Landfill PO Box 399 Scotsdale, Pa 17254

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 ROOF MATERIAL & ROOF MEMBRANE

TAR 1777HN

| 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.) |
|---|---|---|---|---|---|
| 2ND FL | SET BACK | ROOF SURFACE | 450 | | |
| | | METAL FLUES / A/C / DUCT | 1900 | | |
| SUB-BSMT | PIT | WALL & FLOOR SURFACES | 2700 | | |
| FACADE | EAST | FACADE SURFACES | 1500 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 & PARKER ENGINEERS | B. KURZBAN & SON CONTROL | |
|---|---|---|
| Print Name of Air Monitor | Print Name of Asbestos Contractor | Print Name of Applicant (If other than Owner) |
| Signature | Signature | Signature |
| 10/26/02 | 10/26/02 | |
| 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 |
|---|---|---|
| | NYCDEP | 10/26/02 |

**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

# Asbestos Inspection Report

| | | | | | | |
|---|---|---|---|---|---|---|
| Premise No.<br>164 WILLIAM STREET | | | | | Inspection Date:<br>As Noted | |
| Floor<br>ROOF, FACADE SET BACKS | Zip<br>10038 | Borough<br>1 | Block<br>93 | Lot<br>24 | Squad #<br>N/A | Badge #<br>A020 |
| Inspector<br>Dennis Antzoulatos | Building Type<br>MIXED USE | | Basis of Inspection<br>WTC Survey | | Photos Taken<br>Yes (No) | |
| Contractor's Name<br>Benjamin Kurzban & Son Control | | | Sample Number<br>N/A | | | |
| Address City<br>1248 Ralph Avenue, Brooklyn | | | Sample Number<br>N/A | | | |
| State Zip Phone<br>NY 11236 (718)531-2900 | | | Sample Number<br>N/A | | | |
| Laboratory Name<br>Warren & Panzer Engineers Inc. | | | Owner's Name | | | |
| Address City<br>228 East 45 Street New York | | | Address City | | | |
| State Zip Phone<br>NY 10017 (212) 922-0077 | | | State Zip Phone | | | |
| Contact Person | | | Time of Inspection from:<br>As Noted | | | |

MONDAY OCTOBER 28 2002

THE CLEAN UP OF THE ROOF OF THE PREMISE WAS CONDUCTED. AIR SAMPLING WAS PERFORMED BY EDWIN ELLIS (CERTIFICATE # AH 00-00613 EXP 10/02) OF WARREN & PANZER ENGINEERS. AIR SAMPLING EQUIPMENT WAS SET UP ON THE ROOF OF THE ADJACENT BUILDING (166 WILLIAM STREET). AT THE CONCLUSION OF THE CLEAN UP ACTIVITIES, I CONDUCTED A VISUAL INSPECTION OF THE CLEANED SURFACES AND I OBSERVED NO VISIBLE WTC DEBRIS.

TUESDAY OCTOBER 29 2002

THE CLEAN UP OF THE EAST (REAR) FACADE AND THE SECOND FLOOR SET BACK OF THE PREMISE WAS CONDUCTED. AIR SAMPLING WAS PERFORMED BY JESPON GARCIA (CERTIFICATE # AH 01-11633 EXP 03/03) OF WARREN & PANZER ENGINEERS. AIR SAMPLING EQUIPMENT WAS SET UP ON THE ROOF OF THE PREMISE. AT THE CONCLUSION OF THE CLEAN UP ACTIVITIES, JESPON GARCIA PERFORMED A VISUAL INSPECTION OF THE CLEANED SURFACES AND HE OBSERVED NO VISIBLE WTC DEBRIS.

WEDNESDAY OCTOBER 30 2002

THE CLEAN UP OF THE PIT AREA OF THE SUB BASEMENT WAS PERFORMED AIR SAMPLING WAS PERFORMED BY JESPON GARCIA OF WARREN & PANZER ENGINEERS. SAMPLES WERE VOIDED BECAUSE AIR SAMPLING WAS PERFORMED IN AN AREA WITH DAMAGED SUSPECT ACM MATERIAL (BOILER INSULATION).

THURSDAY OCTOBER 31 2002

FINAL CLEARANCE AIR MONITORING WAS PERFORMED BY JESPON GARCIA AIR SAMPLING EQUIPMENT WAS LOCATED IN THE BASEMENT IN AN AREA FREE OF SUSPECT ACM. THE CLEAN UP PROJECT AT THE PREMISE IS NOW COMPLETE.

**BENJAMIN KURZBAN**
**& SON CONTROL, INC.**
1248 Ralph Ave.
BROOKLYN, N.Y. 11236

(718) 531-2900

# INVOICE

1173

| DATE | ORDER NO. |
|---|---|
| 8/23/02 | |

SHIP TO: Contract# ROF-REM2

TO
Dept of Environmental Protection
59-17 Junction Blvd
Corona, New York 11368

| | | | | | |
|---|---|---|---|---|---|
| > | Registration # CT 82620020015280 | | | | |
| | Pin# PII | | | | |
| | | | | | |
| | For work completed at 164 Williams St | | | | |
| | 2230 SF @ 2/SF | | | | |
| | | | | | |
| | Total Amount Due | | | | $ 4,460.00 |
| | | | | | |
| | | | | | |
| | | | | | |

ORIGINAL

Thank You!

125 WTC

EMERGENCY DEP ACCEPTED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
www.nyc.gov/dep

TRU [illegible]
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

# ASBESTOS PROJECT NOTIFICATION
## (ASBESTOS INSPECTION REPORT)

35

1. NYC DEP (See fee schedule)

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## I. FACILITY

2. Address 164 WILLIAM STREET Borough MN Zip 10038

AKA 3. Block 93 4. Lot 24

5. Type of Facility MIXED USE 6. Name of Building

## II. BUILDING OWNER

7. Name SALVATORE POLITO 8. Contact Person

9. Tel. # PII Fax #

10. Address PII City PII State NY Zip PII

## III. GENERAL CONTRACTOR

11. Name Tel. #

## IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTRCL INC 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

## V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 18. Contact Person MICHAEL NOLAN

19. Federal Employer ID. # PII 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 23. NYS DOH ELAP #

## VI. PROJECT INFORMATION

24. Starting date for this portion of work 08/04/02 Projected completion date 09/04/02

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

Shift from: 8 00 ☒ am ☐ pm to 8 00 ☐ am ☒ pm

If other, specify

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

RECEIVED
AUG 05 2002

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

2230 Square Feet, and/or 0 Linear Feet

AC-22

47

**[redacted] INSPECTION REPORT (continued)**

26. Asbestos Hauler IESI, NY NYS DEC Permit # NI - 462 Tel.# [redacted]

Disposal Site(s) BLUE RIDGE LANDFILL PO BOX 399 SCOTTDALE PA 15683

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 | WEST | FACADE SURFACE | 1430 | | |
| " | | FIRE ESCAPES (4) | 200 | | |
| " | | AWNINGS | 300 | | |
| " | | STORE FRONT | 300 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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) |
|---|---|---|
| WARREN & PANZER ENGINEERS | BENJAMIN KUCZBAN & SON CONTROL | |
| Signature | Signature | Signature |
| 08/02/02 | 08/02/02 | |
| 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 |
|---|---|---|
| | NYC DEP | 08/02/02 |

**A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.**

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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

PII

8/4/02 SUNDAY (52)

2 JOHN ST, 156-164 WILLIAM ST
3-7 MAIDEN LA

| NAME | SS# | IN | OUT | IN | OUT | DATE |
|---|---|---|---|---|---|---|
| | | | | | | 8/2 |
| | | | | | | 8/2 |
| | | | | | | 8/2 |
| | | | | | | 8/2 |
| | | | | | | 8/2 |

PII

8/4/02 PROGRESS REPORT

7:30 AM SAFETY MEETING FOR ASB. WORKERS
MOBIL DECON ON JOB SITE

7:45 AM WORKERS START PREPERING SIDEWALKS
COVERING WITH POLY
ON 2 JOHN ST, 156-164 WILIAM ST
3-7 MAIDEN LA

9:00 AM CONTINUE ON PREPERING STREETS

10:00 AM START VACUUMING FACADS OF BUILDING
WORKERS HAVE SUITS AND HALF FACE
PROTECTION

12:00 PM CONTINUE ON CLEANIN AND POWER
WASHING FACADS ON [redacted] LOCATIONS

12:00 BR

1:00 P

2:00 PM

4:00

6:00

7:00 PM

8:00 PM

PII

2 JOHN ST
3-7 MAIDEN

| DATE | | |
|---|---|---|
| 8/12 | 1:00 PM | WORKERS TOOK SHOWER AND WENT FOR LUNCH |
| 8/12 | 2:00 PM | LUNCH IS OVER WORKERS WENT AND CONTINUE ON CLEANING ON 3 SAME LOCATION |
| 8/12 | 4:00 | CONTINUE ON CLEANING NO PROBLEM ON JOB SITE |
| 8/12 | 6:00 | CONTINUE ON CLEANING |
| 8/12 | 7:00 PM | WE FINISH CLEANING VISUAL INSPECTION WITH DEP INSP. ON JOB SITE EVERYTHING O.K. START CLEAN UP SIDE WALK |
| | 8:00 PM | WORKERS TOOK SHOWER ALL 3 WORK AREAS ARE FINISH WORKERS WENT HOME |

PII

PII

8/5/02 MONDAY

15 JOHN ST
150 BROADWAY

| NAME | SOC# | IN | OUT | IN | OUT | DATE |
|---|---|---|---|---|---|---|
| | | | | | | 8/5 |
| | | | | | | 8/5 |
| | | | | | | 8/5 |
| | | | | | | 8/5 |

8/5/02 MONDAY PROGRESS REPORT

7 30/AM SAFETY MEETING FOR WORKERS

7 55/AM START MOVING MATERIAL AND SCAFFOLD FROM 150 BROADWAY TO 15 JOHN ST

10 00/AM CONTINUE ON MOVING MATERIAL

12 30/PM WORKERS TOOK LUNCH

1 30/PM CONTINUE MOVING ALL BUILDING PUTING UP HANGING SCAFFOLD

3 00/PM CONTINUE ON PUTING SCAFFOLD

4 00/PM WORKERS FINISH WORKING AND VENT HOME

7 AM
7 AM
10 AM
10:30 AM
3 PM
4 PM
6 00/PM

**SciLab Job #: 202082732**

Client Name: Benjamin Kurzban & Son Control Inc.

## Phase Contrast Microscopy (PCM) Fiber Results

164 Williams

| SciLab Sample # | Client Sample # / Location | Date Collected | Flow Rate (liters/min.) | Duration (min.) | Air Filtered (liters) | Fields | Fibers | Fiber Density (Fibers/mm$^2$) | Fibers Conc. (Fibers/cc) | TWA |
|---|---|---|---|---|---|---|---|---|---|---|
| 01 | PII | 08/04/2002 | 2.5 | 30 | 75 | 100 | 1 | 1.27 | < 0.036 | |
| 02 | | 08/04/2002 | 2.5 | 480 | 1200 | 100 | 3 | 3.82 | < 0.002 | |

**Reporting Notes:**

Analyzed by: Anthony T. Hinton _____: Date Analyzed: 08/15/2002

Samples analyzed by NIOSH 7400(A) Method, Issue #2, 8/15/94: Limit of Detection= 5.5 fibers per 100 fields or 7 fibers/mm2: This report relates ONLY to the sample analysis expressed as fibers/sq mm of filter area: ND=No fibers observed: NA= Not Analyzed; Walton-Beckett graticle field area = 0.00785 mm2: TWA = 8 Hr TWA calculation assumes zero exposure for remainder of 8 hr period not sampled: Upper 95% Confidence limit (Employers Compliance Test)- Calculated as a one sided UCL to determine 95% certainty of compliance with the 0.01 fibers/cc standard: Estimated relative standard deviation: Intralab Sr=0.405, Interlab Sr=0.45, New York samples (NYSDOH ELAP Lab # 11480): National Institute of Standards and Technology Accreditation requirements mandate that this report must not be reproduced except in full without the approval of the laboratory. AIHA # 102843.

# IESI NY CORPORATION

110 5th Street • Brooklyn, NY 11215
Phone: 718-522-2263 • Fax: 718-522-2697

MANIFEST

11782

DATE 8/13/02

GENERATOR

1. Job Site Address
164 Williams Street
New York, N.Y.

Owner's name
Dept Of Enviro Protection

Wait and Load
Time In _____
Time Out _____

2. Contractor's name and address
Benjamin Kurzban & Son
1248 Ralph Avenue
Brooklyn, NY 11236

Drop Date

3. Waste disposal site (WDS) name, mailing address and physical site location
IESI Pa Blue Ridge Landfill Corporation
P.O. Box 399
Scotland, Pa. 17254

WDS phone number
Permit # 100934

4. Name and address responsible agency (Local, District or EPA Office where notification was sent)
US EPA 290 Broadway, New York 10007

| 5. Description of materials | 6. VEH. LIC. # 2969614 | 7. TOTAL QUANTITY |
|---|---|---|
| (RQ) WASTE ASBESTOS 9, NA2212, III | TYPE CLOSED | BAGS |
| | SIZE 40 | 1 CUBIC YARDS |
| 8. Generator Certification | 4024 | |
| | | I/C 11479 |

9. CONTRACTOR CERTIFICATION: I hereby declare that the contents of this consignment are fully and accutately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international government regulations.

| Printed/Typed Name | Title | Signature | Date (M/D/Y) |
|---|---|---|---|
| | | | 8/13/02 |

TRANSPORTER

10. Transporter #1 (Acknowledgement of receipt of materials)
IESI NY CORPORATION • 110 5th Street, Brooklyn, NY 11215

DEC Permit No. NG-462
JA-462

| Printed/Typed Name | Title | Signature | Date (M/D/Y) |
|---|---|---|---|
| Philip Carroll | DRIVER | | 8/13/02 |

11. Transporter #2 (Acknowledgement of receipt of materials)
IESI

DEC PERMIT # NG-462

| Printed/Typed Name | Title | Signature | Date (M/D/Y) |
|---|---|---|---|
| | | | 8/15/02 |

WASTE SITE

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item #12

| Printed/Typed Name | Title | Signature | Date (M/D/Y) |
|---|---|---|---|
| Katrina K. Kirk | Gatekeeper | KKK | 8/16/02 |

WHITE:LANDFILL • GREEN:IESI • PINK:GENERATOR • YELLOW:CONTRACTOR • GOLD:JOB SITE

WE 125 WTC

ONLY EMERGENCY

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

## ASBESTOS PROJECT NOTIFICATION
**(ASBESTOS INSPECTION REPORT)**

TRU1245MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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AKA _____ 3. Block 93 4. Lot 24

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

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9. Tel. # PII Fax # _____

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11. Name _____ Tel. # _____

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22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

### VI. PROJECT INFORMATION

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Shift from: 8^00 ☒ am ☐ pm to 8^00 ☐ am ☒ pm

If other, specify _____

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RECEIVED
AUG 05 2002
ASBESTOS/LEAD PROGRAM TRUG 1

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2230 Square Feet, and/or 0 Linear Feet

ACP 2/200

**ASBESTOS INSPECTION REPORT (continued)**

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

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e) ☐ Fireproofing Replacement f) ☐ Other (Describe) _____

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|---|---|---|---|---|---|
| FACADE | WEST | FACADE SURFACE | 1430 | | |
| " | | FIRE ESCAPES (4) | 200 | | |
| " | | AWNINGS | 300 | | |
| " | | STORE FRONT | 300 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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) |
|---|---|---|
| WARREN & PANZER ENGINEERS | BENJAMIN KUCZBAN & SON CONTROL | |
| Signature | Signature | Signature |
| 08/02/02 | 08/02/02 | |
| Date | Date | Date |

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| Print Name of Owner | Signature | Date |
|---|---|---|
| | NYCDEP | 08/02/02 |

**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

# Asbestos Inspection Report

| | | | | | | |
|---|---|---|---|---|---|---|
| Premise No. 164 WILLIAM STREET | | | | | Inspection Date: 08-04-02 | |
| Floor FACADE | Zip 10038 | Borough 1 | Block 93 | Lot 24 | Squad # N/A | Badge # A020 |
| Inspector Dennis Antzoulatos | | Building Type MIXED USE | | Basis of Inspection WTC Survey | | Photos Taken (Yes) No |
| Contractor's Name Benjamin Kurzban & Son Control | | | | Sample Number N/A | | |
| Address City 1248 Ralph Avenue, Brooklyn | | | | Sample Number N/A | | |
| State Zip Phone NY 11236 (718)531-2900 | | | | Sample Number N/A | | |
| Laboratory Name Warren & Panzer Engineers Inc. | | | | Owner's Name | | |
| Address City 228 East 45 Street New York | | | | Address City | | |
| State Zip Phone NY 10017 (212) 922-0077 | | | | State Zip Phone | | |
| Contact Person | | | | Time of Inspection from: 07:00 AM TO 08:30 PM | | |

SUNDAY AUGUST 4 2002

THE CLEAN UP OF THE WEST (FRONT) FACADE WAS CONDUCTED TODAY. THE CLEAN UP OF THE WEST FACADE OF 156 WILLIAM STREET WAS DONE SIMULTANEOUSLY. FOR THE PURPOSES OF AIR MONITORING THE WEST FACADE OF 164 WILLIAM STREET AND 156 WILLIAM STREET WERE TREATED AS ONE WORK AREA. FIVE AIR SAMPLES WERE RUN ON THE OPPOSITE SIDEWALK. AIR SAMPLING FOR THIS PROJECT WAS PERFORMED BY OCHOGHO ELHABOR (CERTIFICATE # AH 00-16198 EXP 12/02). A PLASTIC DIKE WAS CONSTRUCTED TO COLLECT RUN OFF WATER FROM THE FACADE CLEAN UP. A MOBILE DECON UNIT TRUCK WAS UTILIZED. UPON THE COMPLETION OF THE CLEAN UP ACTIVITIES, I CONDUCTED A VISUAL INSPECTION OF THE CLEANED FACADE SURFACES. I OBSERVED NO VISIBLE WTC DEBRIS ON THE FACADE OF 164 WILLIAM STREET. THE CLEAN UP PROJECT AT THIS PREMISE IS NOW COMPLETE.

RP

# Asbestos Inspection Report

| | | | | | | |
|---|---|---|---|---|---|---|
| Premise No. 164 WILLIAM STREET | | | | | Inspection Date: 08-04-02 | |
| Floor FACADE | Zip 10038 | Borough 1 | Block 93 | Lot 24 | Squad # N/A | Badge # A020 |

| | | | |
|---|---|---|---|
| Inspector<br>Dennis Antzoulatos | Building Type<br>MIXED USE | Basis of Inspection<br>WTC Survey | Photos Taken<br>(Yes) No |
| Contractor's Name<br>Benjamin Kurzban & Son Control | | Sample Number<br>N/A | |
| Address City<br>1248 Ralph Avenue, Brooklyn | | Sample Number<br>N/A | |
| State Zip Phone<br>NY 11236 (718)531-2900 | | Sample Number<br>N/A | |
| Laboratory Name<br>Warren & Panzer Engineers Inc. | | Owner's Name | |
| Address City<br>228 East 45 Street New York | | Address City | |
| State Zip Phone<br>NY 10017 (212) 922-0077 | | State Zip Phone | |
| Contact Person | | Time of Inspection from:<br>07:00 AM TO 08:30 PM | |

SUNDAY AUGUST 4 2002

THE CLEAN UP OF THE WEST (FRONT) FACADE WAS CONDUCTED TODAY. THE CLEAN UP OF THE WEST FACADE OF 156 WILLIAM STREET WAS DONE SIMULTANEOUSLY. FOR THE PURPOSES OF AIR MONITORING THE WEST FACADE OF 164 WILLIAM STREET AND 156 WILLIAM STREET WERE TREATED AS ONE WORK AREA. FIVE AIR SAMPLES WERE RUN ON THE OPPOSITE SIDEWALK. AIR SAMPLING FOR THIS PROJECT WAS PERFORMED BY OCHOGHO ELHABOR (CERTIFICATE # AH 00-16198 EXP 12/02). A PLASTIC DIKE WAS CONSTRUCTED TO COLLECT RUN OFF WATER FROM THE FACADE CLEAN UP. A MOBILE DECON UNIT TRUCK WAS UTILIZED. UPON THE COMPLETION OF THE CLEAN UP ACTIVITIES, I CONDUCTED A VISUAL INSPECTION OF THE CLEANED FACADE SURFACES. I OBSERVED NO VISIBLE WTC DEBRIS ON THE FACADE OF 164 WILLIAM STREET. THE CLEAN UP PROJECT AT THIS PREMISE IS NOW COMPLETE.

PE

ATHENICA
ENVIRONMENTAL SERVICES INC.
Tel. (718) 784-7490
Fax. (718) 784-4885

# AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

**CLIENT:** Warren & Panzer Engineers, P.C.
**LABORATORY ID #:** T02-10-109
**ANALYT. METHODOLOGY:** AHERA
**FILTER TYPE:** M.C.E.
**AVERAGE G.O. AREA ($mm^2$):** 0.013838

**PROJECT:** NYC DEP, 161 Williams Street
**DATE OF REPORT:** 10/18/02
**DATE OF ANALYSIS:** 10/18/02
**EFFECTIVE FILTER AREA ($mm^2$):** 385

## LABORATORY RESULTS

| CLIENT # | LAB. ID # | LOCATION | VOLUME (l) | G.O.'s ANALYZED | AREA ANALYZED ($mm^2$) | ANALYT. SENSITIV. ($structs/cm^2$) | TOTAL ASBESTOS AIR CONC. ($structs/cm^3$) | TOTAL ASBESTOS FILTER CONC. ($str./mm^2$) | AIR CONC. FOR STRUCT. 0.5≤S<5μm | AIR CONC. FOR STRUCT. S≥5.0μm | ASBEST. TYPE CHRYS. | AMPHIB. ASBEST TYPE SPECIFY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01 | T02-10-109-3231 | East side of roof | 1360 | 5 | 0.0692 | 0.0041 | <0.0041 | <14.45 | NA | NA | NA | NA |
| 02 | T02-10-109-3232 | South side of roof 1 | 1360 | 5 | 0.0692 | 0.0041 | <0.0041 | <14.45 | NA | NA | NA | NA |
| 03 | T02-10-109-3233 | South side of roof 2 | 1360 | 5 | 0.0692 | 0.0041 | <0.0041 | <14.45 | NA | NA | NA | NA |
| 04 | T02-10-109-3234 | Center of roof | 1360 | 5 | 0.0692 | 0.0041 | <0.0041 | <14.45 | NA | NA | NA | NA |
| 05 | T02-10-109-3235 | West side of roof | 1360 | 5 | 0.0692 | 0.0041 | <0.0041 | <14.45 | NA | NA | NA | NA |

ANALYST
B. Dimitrakas

LABORATORY DIRECTOR
Spiro Dongaris

- Athenica Environmental Services Inc. (AES), is responsible only for information pertaining to samples taken by its employees.
- Air sampling cassettes will be stored for sixty (60) days. AES Inc., should be notified within this time frame for a free duplicate analysis.
- If AES Inc., did not conduct the sampling, the reported airborne concentration was derived based on information provided by the client. Under these circumstances, the air concentration data is supplied solely for the convenience of the client.
- The report relates only to items tested. This report must not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. Test reports may not be reproduced except in full and with prior approval of AES Inc.
- The liability of Athenica Environmental Services Inc. with respect to the services charged, shall in no event exceed the amount of the invoice.

229 East 45th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-0338

# WARREN & PANZER ENGINEERS, P. C.

## AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

PAGE ____ OF ____

24 hr+/a  12 hr+/a  6 hr+/a  3 hr+/a  Immediate +/a

P.O. ____

CLIENT: NYC DEP
PROJECT: LOWER ROOF
LOCATION: 161 WILLIAMS ST

W&P FILE #: 1079-01-02
LABORATORY: ATHENICA
ANALYSIS METHOD: PCM (circle one) TEM 7400 TEM AHERA TEM EPA LEVEL II

CONTACT: ____

TECHNICIAN: FESTY OSEMWEGIE

| SAMPLE NUMBER | SAMPLE DESCRIPTION/LOCATION | SAMPLE TYPE | PUMP # | FLOWRATE START | FLOWRATE STOP | TIME ON | TIME OFF | TOTAL TIME | VOLUME (liters) | CONCENTR. (fib./cc.) |
|---|---|---|---|---|---|---|---|---|---|---|
| 01 | EAST SIDE OF ROOF | 6 | | 8 | 8 | 1200 | 1450 | 170 | 1360 | |
| 02 | SOUTH SIDE OF ROOF 1 | 6 | | 8 | 8 | 1201 | 1451 | 170 | 1360 | |
| 03 | SOUTH SIDE OF ROOF 2 | 6 | | 8 | 8 | 1202 | 1452 | 170 | 1360 | |
| 04 | CENTER OF ROOF | 6 | | 8 | 8 | 1203 | 1453 | 170 | 1360 | |
| 05 | WEST SIDE OF ROOF | 6 | | 8 | 8 | 1204 | 1454 | 170 | 1360 | |
| 06 | BLANK | | | | | | | | | |
| 07 | " | | | | | | | | | |
| 08 | " | | | | | | | | | |

COMMENTS:

T02-10-109

SAMPLE BY: FESTY OSEMWEGIE DATE: 10-17-02
SIGNATURE: ____
RELEASED BY: F. OSEMWEGIE DATE: 10-17-02
SIGNATURE: ____
RECEIVED BY: ____ DATE: 10/18/02
SIGNATURE: ____

| SAMPLE TYPE CODES | |
|---|---|
| 1 - Blank | 5 - Final Clearance (inside) |
| 2 - Pre-Abatement | 6 - Final Clearance (outside) |
| 3 - During Abatement | 7 - Personal |
| 4 - During Glove Bag Removal | 8 - Background |

SEE REVERSE SIDE FOR ANALYSIS INFORMATION

10/21/2002 08:46 FAX 008