

**BENJAMIN KURZBAN
& SON CONTROL, INC.**1248 Ralph Ave.
BROOKLYN, N.Y. 11236**INVOICE****1224****(718) 531-2900**

TO

Dept of Environmental Protection

59-17 Junction Blvd

Coróna, NY 11368

DATE 11/7/02	ORDER NO.
SHIP TO Contract ROF-REM2	

SALES PERSON	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
						<i>R. Kaehner</i>		

ORIGINAL

Thank You!

E213 WTC

ONLY
TYPEWRITTEN
COPIES 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)

1017774202
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 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 Panzier 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 11/28/02

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

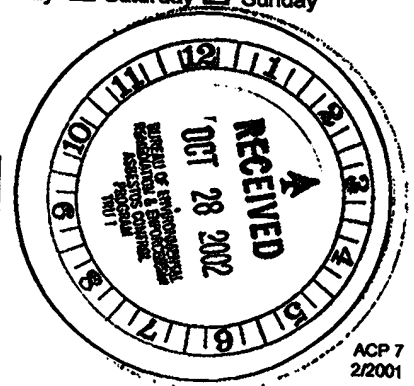
Shift from: 8 ☒ am ☐ pm to 8 ☐ am ☒ pm

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



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

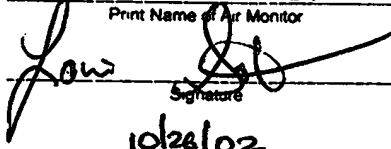
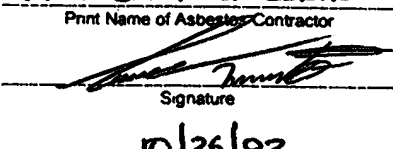
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT ROOF MATERIAL & ROOF MEMBRANE

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	
2ND FL	SET BACK	ROOF SURFACE	450		
		METAL FLUES / AC / DUCT	1900		
SUB-BASMT	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.

<u>WARREN & PARKER ENGINEERS</u> Print Name of Air Monitor  Signature <u>10/26/02</u> Date	<u>B. KURZBAN & SON CONTROL</u> Print Name of Asbestos Contractor  Signature <u>10/26/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ 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.

Edo [Signature] NYC DEP
 Print Name of Owner Signature
10/26/02
 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.

Asbestos Inspection Report

Premise No. 164 WILLIAM STREET					Inspection Date: As NOTED	
Floor ROOF, FACADE SET BACKS	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: 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 JESRON 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, JESRON 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 JESRON 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 JESRON GARCIA. AIR SAMPLING EQUIPMENT WAS LOADED 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

INVOICE

1173

(718) 531-2900

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

DATE 8/23/02	ORDER NO.
SHIP TO Contract# ROF-REM2	

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

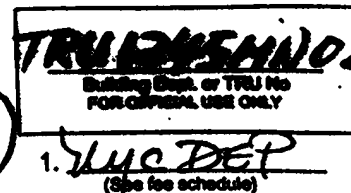
ORIGINAL

Pam Sheednell

Thank You!



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT NOTIFICATION
 (ASBESTOS INSPECTION REPORT)



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I. FACILITY

2. Address 164 WILLIAM STREET Borough MN Zip 10038
 3. Block 93 4. Lot 24
 AKA _____
 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 CONTRACT INC 13. Contact Person LOUIE LANNICO
 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 & PANCER ENGINEERS 18. Contact Person MICHAEL NOLAN
 19. Federal Employer ID. # PII 20. Tel. # (212) 922-0011 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 08/14/02

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

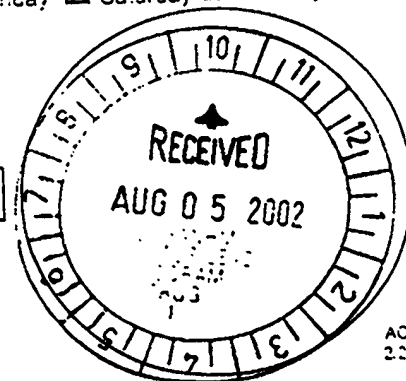
Shift from: 8:00 ☒ am ☐ pm to 8:00 ☐ am ☒ pm

If other,
specify _____

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

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

2230 Square Feet, and/or C Linear Feet



AC-22

47

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Handler GESI, NY NYS DEC Permit # NY-462 Tel.# (914) 833-2263
 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

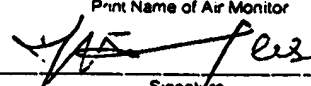
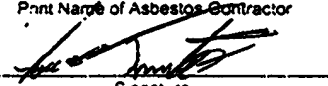
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

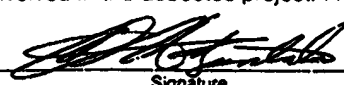
30. LOCATIONS OF ABATEMENT

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 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.

<u>WARREN & PANZER ENGINEERS</u> Print Name of Air Monitor  Signature <u>08/02/02</u> Date	<u>BENJAMIN KUCZBAN & SON CONSULTING</u> Print Name of Asbestos Contractor  Signature <u>08/02/02</u> Date	_____ Print Name of Applicant (if other than Owner) _____ Signature _____ Date
--	---	---

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 Print Name of Owner
 
 Signature
 08/02/02
 Date

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

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PII

2 JOHNS
3-7 MAIDEN

DATE	1:00 PM	WORKERS TOOK SHOWER AND
8/2		WENT FOR LUNCH
8/2	2:00 PM	LUNCH IS OVER WORKERS
8/2		AND CONTINUE ON CLEANING
8/2		ON 3 SAME LOCATION
8/2	4:00	CONTINUE ON CLEANING
8/2		NO PROBLEM ON JOB SITE
8/2	6:00	CONTINUE ON CLEANING
	7:00 PM	IF WE FINISH CLEANING
		VISUAL INSPECTION WITH DEP
		INSP. ON JOB SITE
ERS		EVERYTHING OK START
		CLEAN UP SIDE WALK
ERS	8:00 PM	WORKERS TOOK SHOWER
		ALL 3 WORK AREAS ARE FINISH
		WORKERS WENT HOME
BUILDINGS		
FACE		
OWER		
WORKS		
ATION		

PII

8/5/02

8/5/02 HOLIDAY

150 BROADWAY

PII

NAME	IN	OUT	DATE	NAME
PII			8/5	WAC
PII			8/5	ALICU
PII			8/5	SON
PII			8/5	OLIN

8/5/02 HOLIDAY PROGRESS REPORT

7:30 AM	SAFETY MEETING FOR WORKERS	7:30 AM
7:55 AM	START MOVING MATERIAL AND SCAFFOLD	7:55 AM
	FROM 150 BROADWAY TO 15 JOHN ST	
10:00 AM	CONTINUE ON MOVING MATERIAL	10:00 AM
12:30 PM	WORKERS TOOK LUNCH	12:30 PM
1:30 PM	CONTINUE MOVING AND BUILDING	1:30 PM
	PUTTING UP HANGING SCAFFOLD	
3:00 PM	CONTINUE ON PUTTING SCAFFOLD	3:00 PM
4:00 PM	WORKERS FINISH WORKING	4:00 PM
	AND WENT HOME	

SciLab Job #: 202082732

Page 1 of 1

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. AIAA # 102841.

08/15/2002 08:46 2126799164

SCILAB NYC

PAGE 02/03

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. # 29696 PA	7. TOTAL QUANTITY	
	(RQ) WASTE ASBESTOS 9, NA2212, III	TYPE GLSEB	BAGS	
		SIZE 40	CUBIC YARDS	
	8. Generator Certification	4024	11/179	
	9. CONTRACTOR CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately 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	
10. Transporter #1 (Acknowledgement of receipt of materials) IESI NY CORPORATION • 110 5th Street, Brooklyn, NY 11215		DEC Permit No. 103-462 JA-462		
Printed/Typed Name Phillip Chaud Title DRIVER Signature _____		Date (M/D/Y) 8/13/02		
11. Transporter #2 (Acknowledgement of receipt of materials)		DEC PERMIT # 103-462		
Printed/Typed Name Jessie Title DR Signature _____		Date (M/D/Y) 8/15/02		
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 Katrina K. Kirk Title Gatekeeper Signature KKK		Date (M/D/Y) 8/14/02		

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

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU12454NO2

Building Dept. or TRU No
FOR OFFICIAL USE ONLY1. NYC DEP
(See fee schedule)

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

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7. Name SALVATORE POLITO 8. Contact Person _____
9. Tel. # PII Fax # _____
10. Address PII City PII State NY Zip PII

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11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

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14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808
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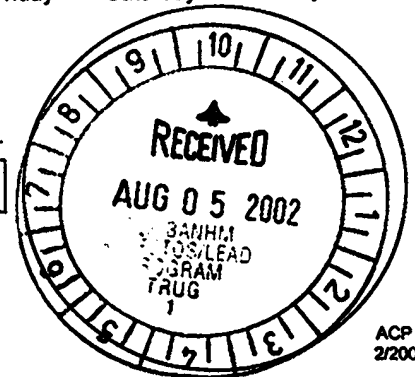
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If other,
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25. Total amount of asbestos-containing material to be abated during this work

2230 Square Feet, and/or 0 Linear Feet



ACP
2/200

ASBESTOS INSPECTION REPORT (continued)

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

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- ☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☒ Clean up

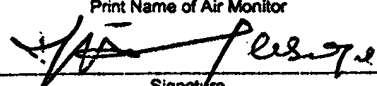
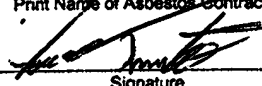
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- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

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

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<u>WARREN & PANZER ENGINEERS</u> Print Name of Air Monitor  Signature <u>08/02/02</u> Date	<u>BENJAMIN KUDZBANSON CONTROL</u> Print Name of Asbestos Contractor  Signature <u>08/02/02</u> Date	_____ Print Name of Applicant (if other than Owner) _____ Signature _____ Date
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 Print Name of Owner

 Signature
08/02/02
 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.



AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

CLIENT: Warren & Partner Engineers, P.C.
LABORATORY ID #: T02-10-109
ANALYT. METHODOLOGY: AHERA
FILTER TYPE: M.C.E.
AVERAGE G.O. AREA (mm²): 0.013838

PROJECT: NYC DEP, 161 Williams Street
DATE OF REPORT: 10/18/02
DATE OF ANALYSIS: 10/18/02
EFFECTIVE FILTER AREA (mm²): 385

LABORATORY RESULTS

CLIENT #	LAB. ID #	LOCATION	VOLUME (l)	G.O.'s ANALYZED	AREA ANALYZED (mm ²)	ANALYT. SENSITIVITY (pstruc./cm ²)	TOTAL ASBESTOS AIR CONC. (struc./cm ³)	TOTAL ASBESTOS FILTER CONC. (str./mm ²)	AIR CONC. FOR STRUCT. 0.5 < S < 5.0 μm	AIR CONC. FOR STRUCT. S > 5.0 μm	ASBEST. TYPE CHRYR.	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

1. AHERA METHOD FOR ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY (TEM) AND ENERGY DISPERSED X-RAY ANALYSIS (EDS).

- 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 true 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.

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