

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

# INVOICE

Date: **12/06/02**      **F1241**  
 Inv. No.: **1**  
 Due Date:      Page No.:

**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: 55 Warren Street  
 AKA 55 Murray Street  
 New York, NY 10007**

|                   |                 |                   |       |           |
|-------------------|-----------------|-------------------|-------|-----------|
| REFERENCE         | TERMS           | YOUR #            | OUR # | SALES REP |
| TEL: 718-595-3671 | Upon Completion | CONTRACT ROF-REM1 | F1241 | PG        |

| DESCRIPTION | UNIT MEASURE | QUANTITY | UNIT PRICE    | EXTENDED PRICE |
|-------------|--------------|----------|---------------|----------------|
| REFERENCE   |              |          | ITEM DISCOUNT |                |

|                    |  |              |      |                  |
|--------------------|--|--------------|------|------------------|
| clean asphalt roof |  | 4400 sq ft @ | 1.48 | 6,512.00         |
| clean façade       |  | 3750 sq ft @ | 2.50 | 9,375.00         |
|                    |  |              |      | <u>15,887.00</u> |

*R. Radhu*  
*Sent to Denise*  
*1-17-03*

WWW.ACTIONHAZMAT.COM

|            |              |
|------------|--------------|
| SUB TOTAL  |              |
| TAX        |              |
| TOTAL      | \$ 15,887.00 |
|            | 0.00         |
|            | \$ 15,887.00 |
| NET TO PAY |              |

E 232 WTC

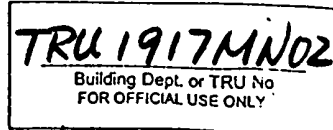


NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8<sup>th</sup> Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION  
(ASBESTOS INSPECTION REPORT)



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 55 WARREN STREET Borough N.Y. Zip 10007  
AKA 55 Murray Street 3. Block 133 4. Lot 12  
5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

II. BUILDING OWNER

7. Name JEAN A. BRUNEL 8. Contact Person Mr. Brunel  
9. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_  
10. Address 65 FULTON ST City WEEHAWKEN State N.J. Zip 07086

III. GENERAL CONTRACTOR

11. Name \_\_\_\_\_ Tel. # \_\_\_\_\_

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA  
14. Federal Employer ID. # P11 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 45<sup>TH</sup> 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 11/20/02 Projected completion date 11/30/02

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.

25. Total amount of asbestos-containing material to be abated during this work  
8150 Square Feet, and/or \_\_\_\_\_ Linear Feet



ACP 7  
2/2001

TRU 1917MN02

**ASBESTOS INSPECTION REPORT (continued)**

26. Asbestos Hauler COGNANO 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<br>(e.g. entire, east wing, room #, boiler room, lobby, etc) | AFFECTED SURFACES CONTAINING ACM<br>(e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.) | AMOUNT OF ACM |             | DESCRIPTION OF WORK BEING PERFORMED<br>(e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.) |
|----------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|
|          |                                                                                        |                                                                                                              | SQUARE FEET   | LINEAR FEET |                                                                                                                               |
| Roof     | ASPHALT                                                                                |                                                                                                              | 4400          |             |                                                                                                                               |
| Facade   |                                                                                        |                                                                                                              | 3750          |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |
|          |                                                                                        |                                                                                                              |               |             |                                                                                                                               |

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>BOSUN O GUANAKE</u><br>Print Name of Air Monitor<br><u>[Signature]</u><br>Signature<br><u>06-03-02</u><br>Date | <u>ANTHONY COSTA</u><br>Print Name of Asbestos Contractor<br><u>[Signature]</u><br>Signature<br><u>6-3-02</u><br>Date | <u>ANTHONY COSTA</u><br>Print Name of Applicant (If other than Owner)<br><u>[Signature]</u><br>Signature<br><u>6-3-02</u><br>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.

Alfonso Plunje [Signature] 11/19/02  
 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.

TEL :

Jan 15, 01

14:51 No. 001 P.19

**ATHENICA**

ENVIRONMENTAL SERVICES INC.

Tel. (718) 764-7490

Fax. (718) 764-0065

**CLIENT:** Warren & Panzer Engineers, P.C.  
**LABORATORY ID #:** T02-11-104  
**ANALYT. METHODOLOGY:** AHERA  
**FILTER TYPE:** M.C.E.  
**AVERAGE G.O. AREA (mm<sup>2</sup>):** 0.013433

# AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

**PROJECT:** NYC DEP, 55 Warren Street  
**DATE OF REPORT:** 1/12/02  
**DATE OF ANALYSIS:** 1/12/02  
**EFFECTIVE FILTER AREA (mm<sup>2</sup>):** 385

## LABORATORY RESULTS

| CLIENT# | LAB. ID #       | LOCATION                    | VOLUME (ft <sup>3</sup> ) | G.O.'s ANALYZED | AREA ANALYZED (mm <sup>2</sup> ) | ANALYT. SENSITIVITY (microg/cm <sup>3</sup> ) | TOTAL ASBESTOS AIR CONC. (microg/cm <sup>3</sup> ) | TOTAL ASBESTOS FILTER CONC. (microg/cm <sup>2</sup> ) | AIR CONC. FOR STRUCT. 0.55-5mm | AIR CONC. FOR STRUCT. >5.0um | ASBEST. TYPE CHYS. | AMPHIB. ASBEST. TYPE SPECIFY |
|---------|-----------------|-----------------------------|---------------------------|-----------------|----------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------------|--------------------------------|------------------------------|--------------------|------------------------------|
| 001     | T02-11-104-4231 | Inside roof west            | 1350                      | 5               | 0.0672                           | 0.0042                                        | <0.0042                                            | <14.89                                                | NA                             | NA                           | NA                 | NA                           |
| 002     | T02-11-104-4232 | Inside roof (middle)        | 1350                      | 5               | 0.0672                           | 0.0042                                        | <0.0042                                            | <14.89                                                | NA                             | NA                           | NA                 | NA                           |
| 003     | T02-11-104-4233 | Stair well (roof entrance)  | 1350                      | 5               | 0.0672                           | 0.0042                                        | <0.0042                                            | <14.89                                                | NA                             | NA                           | NA                 | NA                           |
| 004     | T02-11-104-4234 | Inside roof east            | 1400                      | 5               | 0.0672                           | 0.0042                                        | <0.0042                                            | <14.89                                                | NA                             | NA                           | NA                 | NA                           |
| 005     | T02-11-104-4235 | Stair well (floor above WA) | 1400                      | 5               | 0.0672                           | 0.0041                                        | <0.0041                                            | <14.89                                                | NA                             | NA                           | NA                 | NA                           |

**LABORATORY DIRECTOR**  
Spiro Douglaris

**ANALYST**  
E. Sioukri

**LABORATORY CERTIFICATION NUMBERS:** NVLAP 101958, ELAP 10955

- Athenica Environmental Services Inc. (AES) is responsible only for information pertaining to samples taken by its employees.
- Air sampling equipment will be used 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.



TEL:

Jan 15, 01 14:39 No.001 P.03

**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 #: T02-11-103  
 ANALYT. METHODOLOGY: AHERA  
 FILTER TYPE: M.C.E.  
 AVERAGE G.O. AREA (mm<sup>2</sup>): 0.013433  
 PROJECT: NYC DEP, 55 Warren Street  
 DATE OF REPORT: 11/22/02  
 DATE OF ANALYSIS: 11/22/02  
 EFFECTIVE FILTER AREA (mm<sup>2</sup>): 385

## LABORATORY RESULTS

| CLIENT # | LAB. ID #       | LOCATION     | VOLUME (L) | G.O.'s ANAL. YIELD | AREA ANALY ZED (mm <sup>2</sup> ) | ANALYT. SENSITV. (percent/cm <sup>2</sup> ) | TOTAL ASBESTOS AIR CONC. (percent/cm <sup>2</sup> ) | TOTAL ASBESTOS FILTER CONC. (percent/cm <sup>2</sup> ) | AIR CONC. FOR 0.555-5um STRUCT. | AIR CONC. FOR 0.555-5um STRUCT. | ASBEST. TYPE CHRYN. | AMPHIB. ASBEST. TYPE SPECIFY |
|----------|-----------------|--------------|------------|--------------------|-----------------------------------|---------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|---------------------------------|---------------------------------|---------------------|------------------------------|
| 09       | T02-11-103-4226 | Left         | 1620       | 4                  | 0.0537                            | 0.0044                                      | <0.0044                                             | <18.61                                                 | NA                              | NA                              | NA                  | NA                           |
| 10       | T02-11-103-4227 | Middle left  | 1620       | 4                  | 0.0537                            | 0.0044                                      | <0.0044                                             | <18.61                                                 | NA                              | NA                              | NA                  | NA                           |
| 11       | T02-11-103-4228 | Middle       | 1620       | 4                  | 0.0537                            | 0.0044                                      | <0.0044                                             | <18.61                                                 | NA                              | NA                              | NA                  | NA                           |
| 12       | T02-11-103-4229 | Middle right | 1620       | 4                  | 0.0537                            | 0.0044                                      | <0.0044                                             | <18.61                                                 | NA                              | NA                              | NA                  | NA                           |
| 13       | T02-11-103-4230 | Right        | 1620       | 4                  | 0.0537                            | 0.0044                                      | <0.0044                                             | <18.61                                                 | NA                              | NA                              | NA                  | NA                           |

ANALYST  
E. Simukri

LABORATORY DIRECTOR  
Spiro Dongaris

## LABORATORY CERTIFICATION NUMBERS: NVLAP 101958, ELAP 10955

- Athenica Environmental Services Inc. (AES) is responsible only for information pertaining to samples taken by its employees.
- Air sampling caissons 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 in claim product endorsements 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.

226 East 45th Street  
New York, NY 10017  
(212) 922-4077  
FAX (212) 922-0630

**WARREN & PANZER ENGINEERS, P. C.**  
**AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM**

24 hr<sup>+</sup>/a    12 hr<sup>+</sup>/a    6 hr<sup>+</sup>/a    3 hr<sup>+</sup>/a    Immediate<sup>+</sup>/a

PAGE \_\_\_\_\_ OF \_\_\_\_\_

**P.O.**

870

W&P FILE #: 1079-7102

**CONTACT:**

CLIENT: \_\_\_\_\_  
LABORATORY: \_\_\_\_\_

|                                   |                      |           |
|-----------------------------------|----------------------|-----------|
| PROJECT: 55 W 48 <sup>th</sup> St | ANALYSIS METHOD: PCM | PCM / TEM |
|-----------------------------------|----------------------|-----------|

LOCATION: Front faced  
circle one

TECHNICIAN: John Boyd

[illegible]

**COMMENTS:**

|                        |                |
|------------------------|----------------|
| SAMPLE BY: John Boyd   | DATE: 11-21-02 |
| SIGNATURE: [Signature] |                |
| RELEASED BY: John Boyd | DATE: 11-21-02 |
| SIGNATURE: [Signature] |                |
| RECEIVED BY: A-CATIBAY | DATE: 11/22/02 |
| SIGNATURE: [Signature] |                |

TO 2-11-103

| SAMPLE TYPE CODE             |                               |
|------------------------------|-------------------------------|
| 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**

## ASBESTOS INSPECTION REPORT

PAGE 1 OF

|                               |       |           |                   |         |                              |                       |  |
|-------------------------------|-------|-----------|-------------------|---------|------------------------------|-----------------------|--|
| EMISE NO.                     |       | STREET    |                   |         |                              | INSPECTION DATE       |  |
| 55 WARREN STREET              |       |           |                   |         |                              | 11-26-02              |  |
| DOB                           | ZIP   | BORO CODE | BLOCK             | LOT     | SQUAD #                      | BADGE #               |  |
| RIF                           | 10007 | 1         | 133               | 12      | 1                            | AD10                  |  |
| SPECTOR                       |       | BLDG TYPE | BASIS OF INSPECT. |         |                              | PHOTOS TAKEN YES / NO |  |
| PLUMBER                       |       |           | TRU/GIT/MNO2      |         |                              |                       |  |
| CONTRACTORS NAME              |       |           |                   |         | SAMPLE NO.                   |                       |  |
| FIBER CONTROL                 |       |           |                   |         |                              |                       |  |
| ADDRESS                       |       |           |                   |         | CITY                         |                       |  |
| 3010 BURNS AVE                |       |           |                   |         | WANTAGH                      |                       |  |
| STATE                         |       | ZIP       | PHONE             |         | SAMPLE NO.                   |                       |  |
| N.Y                           |       | 11793     | (516) 781-3000    |         |                              |                       |  |
| LABORATORY NAME               |       |           |                   |         | OWNERS NAME                  |                       |  |
| WARREN & PANZER ENGINEERS, PC |       |           |                   |         |                              |                       |  |
| ADDRESS                       |       | CITY      |                   | ADDRESS |                              | CITY                  |  |
| 228 E. 45TH ST                |       | N.Y       |                   |         |                              |                       |  |
| STATE                         |       | ZIP       | PHONE             |         | TIME OF INSPECTION FROM: TO: |                       |  |
| N.Y                           |       | 10017     | (212) 922-0077    |         | 3:30 am/pm TO: 4:00 am/pm    |                       |  |
| CONTACT PERSON:               |       |           |                   |         |                              |                       |  |
| INSPECTION DISCLOSED:         |       |           |                   |         |                              |                       |  |

The Cleanup of the roof and facade was done the same day and I inspected the roof and facade and there was no visible debris observed including the facade at 55 Murray St.

|       |             |  |  |  |  |                      |
|-------|-------------|--|--|--|--|----------------------|
| NOV # | INFRACTIONS |  |  |  |  | RESULT CODE          |
|       |             |  |  |  |  | 5                    |
| NOV # |             |  |  |  |  | SUPERVISORS INITIALS |
|       |             |  |  |  |  | W                    |

BORO 1 - MANHATTAN 2 - BRONX 3 - BROOKLYN 4 - QUEENS 5 - RICHMOND

BLDG TYPE A > 6 Stories B < 6 Stories C Single Family  
D School E Hospital F Public Owned Property

RESULT CODES 1 - Violation Issued 2 - No Violations Issued 3 - No Access  
4 - Project not Started (No NOV) 5 - Project Completed (No NOV)

ACP 309

FILE