



ASBESTOS REMOVAL CORP.

14-20 129th Street
College Point, New York 11356
(718) 961-4100 • Fax: (718) 961-4103

**NYC DEP
PROJECT 11 RECTOR STREET
NEW YORK, NY**

**CONTRACT# ROF-REM3
INVOICE # 11
DATE 6/30/2002**

ITEM#	DESCRIPTION OF ITEM	UNIT PRICE	TY/SQ. FT	TOTAL VALUE
1	Roof cleanup-Asphalt/Uncovered Surface up to 2500 sq. ft. of clean-up per bldg/structure	\$ 1.00	2000	\$ 2,000.00
2	Roof cleanup-Asphalt/Uncovered Surface between 2500 sq. ft. 5000 sq. ft.	\$ 0.85	0	\$0.00
3	Roof cleanup-Asphalt/Uncovered Surface greater than 5000 sq. ft.	\$ 0.80	0	\$ -
4	Roof cleanup-Gravel/Stone Surface up to 2500 sq. ft. of clean-up per bldg/structure	\$ 3.00	0	\$ -
5	Roof cleanup-Gravel/Stone Surface between 2500 sq. ft. and 5000 sq. ft.	\$ 2.75	0	0
6	Roof cleanup-Gravel/Stone Greater than 5000 Sq. FT.	\$ 2.50	0	0
7	Façade Clean-up (up to 5000 sq. ft.)	\$ 2.60	1600	\$ 4,160.00
8	Façade Clean-up (6-15 Story Buildings) (greater than 5000 sq. ft.	\$ 2.45	0	\$ -
TOTAL				\$ 6,160.00

E059WTC

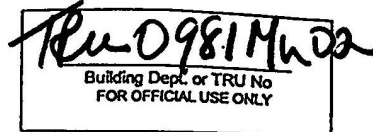
EMERGENCY

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

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED



ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



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 11 Rector Street Borough Manhattan Zip 10006
AKA _____ 3. Block 19 4. Lot 21
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Andrew J. Spyreas 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Trio Asbestos Removal Corp. 13. Contact Person Chris Horan
14. Federal Employer ID. PII 15. Tel. # 718-961-4100 Fax # 718-961-4103
16. Address 14-20 129th Street City College Point State NY Zip 11356

V. THIRD PARTY AIR MONITOR

17. Name Warren & Panzer Engineers, P.C. 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 Warren & Panzer Engineers 23. NYS DOH ELAP # 11251

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/29/02 Projected completion date 7/29/02
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

3,600 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler Asbestos Transportation Co. NYS DEC Permit # 1A-371 TEL # 631-924-5050

• Disposal Site(s) Imperial/POB 47, 11 Boggs Rd., PA: Southern Alleghenies/Rd 3 Valleyview Dr., PA

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)

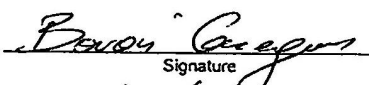
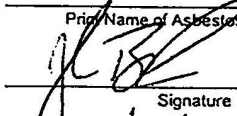
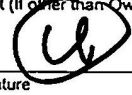
- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

TRU 0981 Mw02

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	
Roof	Item No. 1	Roof & uncovered surfaces	2000		
Wall	Item No. 7	Partial Wall	850		
Facade	Item No. 7	Partial Facade including awnings and ledges	750		

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 & Panzer Print Name of Air Monitor  Signature <u>6/26/02</u> Date	Trio Asbestos Rvl. Corp Print Name of Asbestos Contractor  Signature <u>6/26/02</u> Date	NYC Print Name of Applicant (If other than Owner)  Signature _____ Date
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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.

Andrew J. Spyreas c/o NYC

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

ATC Associates

104 East 25 Street, New York, NY 10010

Phone: (212) 353-8280 Fax: (212) 353-8306



Attn: Mr. Fabio Pedone

Warren & Panzer Engineers, P.C.

228 E. 45th Street

New York

NY 10017

Fax: (212) 922-0630

Phone: (212) 922-0077

Received: 6/29/02

5:00:00 PM

ATC Group #: 8340

Analysis Date: 6/30/02

Project: NYC-DEP W & P File #: 1079.01.02

11 Rector Street, Roof Clean-Up

**Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed
by EPA 40 CFR Part 763 Final Rule (AHERA)**

Sample	Volume	Area Analyzed	Non Ash	Asbestos Type(s)	# Structures 0.5µ-5 µ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm ²)	Notes
001A 8340 -1	1320.00	0.0674	0	CHRYSTOTILE	3 0	0.0043	44.48 0.0130	
002A 8340 -2	1320.00	0.0674	0	None Detected	0 0	0.0043	<14.83 <0.0043	
003A 8340 -3	1320.00	0.0674	0	None Detected	0 0	0.0043	<14.83 <0.0043	
004A 8340 -4	1320.00	0.0674	0	None Detected	0 0	0.0043	<14.83 <0.0043	
005A 8340 -5	1320.00	0.0674	0	CHRYSTOTILE	1 0	0.0043	14.83 0.0043	

ROMAN PEYSAKHOV

Analyzed by:

MICHAEL A. GORYCKI, Ph.D.

Approved by:

Disclaimer: The laboratory is not responsible for data reported in structures/cc, which is dependent on volume collected by non-laboratory personnel. This lab is only responsible for data reported in structures/mm². This report may not be reproduced, except in full, without written approval by ATC Associates Inc. This report may not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. This report relates only to the samples reported above. Quality control data (including 95% confidence limits and laboratory and analysis accuracy and precision) is available upon request.

Accredited for NVLAP PLM/TEM #101187-0, NY State ELAP #10879

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Page 1 of 1

8340

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

PAGE 1 OF 1

CLIENT: NYC-1 Dep

PROJECT: Roof Clean-up

LOCATION: 11 Recker Street

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

W&P FILE #: 1079-01.02

LABORATORY: ATC

ANALYSIS METHOD: PCM

circle one

TEM
AHERA

TEM
EPA LEVEL II

TECHNICIAN:

CONTACT: Mill

P.O.

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	STOP	TIME		TOTAL TIME	VOLUME (liters)	CONCENTR. (lb./cc.)
						ON	OFF			
001A	Top of stairs by deck entrance	3		4	4	10:00	15:30	330	1320	
002A	next to ladder leading to roof	3		4	4	10:02	15:32	330	1320	
003A	right side of roof	3		4	4	10:04	15:34	330	1320	
004A	center area of roof	3		4	4	10:06	15:36	330	1320	
005A	left side of roof	3		4	4	10:08	15:38	330	1320	
006	Field Blank	1								
007	Field Blank	1								
008	Soiled Blank	1								

COMMENTS:

SAMPLE BY: Nicole Wells	DATE: 6/29
SIGNATURE: [Signature]	
RELEASED BY:	DATE:
SIGNATURE:	
RECEIVED BY:	DATE: 6/29/02
SIGNATURE: H. Lopez	

SAMPLE TYPE CODES

1 - Blank

2 - Pre-Abatement

3 - During Abatement

4 - During Glove Bag Removal

5 - Final Clearance (inside)

6 - Final Clearance (outside)

7 - Personal

8 - Background

SEE REVERSE SIDE FOR COMMENTS



ATC Associates Inc.

104 East 25 Street

New York, NY 10010

TEL: (212) 353-8280 FAX: (212) 353-8306

FACSIMILE TELECOPY TRANSMISSION

To: Mx. Fabio Pedone
Warren & Panzer Engineers, P.C.

From: ROMAN PEYSAKHOV

Fax #: (212) 922-0630

ATC Group #: 8340

Date: Sunday, June 30, 2002

Client Project: NYC-DEP W & P File #: 1079.01.02

Time: 12:19:08 PM

11 Rector Street Roof Clean-Up

Comments:

Number of Pages: 3
(including cover page)

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ASBESTOS INSPECTION REPORT

PAGE 1 OF 1

PREMISE NO. 11		STREET RECTOR STREET				INSPECTION DATE 6/29/02	
FLOOR Roof & facade.	ZIP	BORO CODE 1	BLOCK	LOT	SQUAD # 1	BADGE # A078	
INSPECTOR R. Rammohan		BLDG TYPE B	BASIS OF INSPECT. TRW0981MN02			PHOTOS TAKEN ☒ YES ☐ NO	
CONTRACTORS NAME Trio Asbestos Removal Corp.				SAMPLE NO.			
ADDRESS 14-20 129 Street College Point				SAMPLE NO.			
STATE NY				SAMPLE NO.			
LABORATORY NAME Warren & Panzer Engineers P.C.				OWNERS NAME Andrew J. Spyreas.			
ADDRESS 228 East 45 Street New York				CITY			
STATE NY				PHONE			
CONTACT PERSON: Chris Horan.				TIME OF INSPECTION FROM: 8 am TO: 6 pm			
INSPECTION DISCLOSED:							
Supervisor Ireneusz Womoczy, 89339 and four handlers from Trio and John H. Boyd AH 90-05530 were on site. Joe Bonder of Trio was also onsite. Crew began cleaning the roof and air sampling was also ongoing with five pumps. Visual inspection was conducted at 3:00 pm and some spots required additional cleaning. cleaning completed and the crew completed unloading of equipment at 6:30 pm.							

NOV #	INFRACTIONS	RESULT CODE 5
NOV #		SUPERVISORS INITIALS R.P.P.

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 30/93

FILE

NYDEC 1A-371

NYDCA 483056

Asbestos Transportation Co., Inc.

P.O. BOX 1044
HAMPTON BAYS, N.Y. 11946

TOLL FREE
1-800-755-0ATC
"EMERGENCY NUMBER"

PHONE 631-924-5050
FAX 631-924-5085

Waste Manifest # 36593	Job #	Floor or Location	Cust # 22
1. Work Site Name and Mailing Address 1111 TOP ST. NEW YORK, NY		Owner's Name, Address, Phone Number JOHN SPYTHAS ENTERPRISES 11 RICTOR ST. NEW YORK, NY	
Contractor's Name, Address 1111 14-20 120TH STREET COLLEGE POINT, NY		Waste Disposal Site SHADOWFILL LANDFILL RT. #2, BOX 60 BRIDGEPORT WV 26300	
Name and Address of Responsible NESHAPS Agency U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007			
Description of Materials ☒ RQ Waste Asbestos, Class 9, NA2212, PGIII ☐ Other _____		Bags - _____	Cubic Yds. - 2
☐ RQ Waste White Asbestos, Class 9, UN2590, PGIII		Drums or Tons - _____	OTHER - _____
Special Handling Instructions and Additional Information			
OPERATOR'S 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. DJ FROMM WAREHOUSE x DJ Fromm Printed/Typed Name Title Signature Date (M/DD/YY)			
Transporter 1 (Acknowledgement of Receipt of Materials)			
Company Name and Address ASBESTOS TRANSPORTATION CO., INC. P.O. BOX 1044 HAMPTON BAYS, NY 11946		Signature: Ralph Americh Printed Name: Title: DRIVER	Telephone No. 631-924-5050 Date 7-02-02
Transporter 2 (Acknowledgement of Receipt of Materials)			
Company Name and Address ASBESTOS TRANSPORTATION CO., INC. P.O. BOX 1044 HAMPTON BAYS, NY 11946		Signature: James W Rogers Jr Printed Name: JAMES W ROGERS JR Title: DRIVER	Telephone No. 631-924-5050 Date 7-4-02
Discrepancy Indication Space:			
Company Name and Address ASBESTOS TRANSPORTATION CO., INC. P.O. BOX 1044 HAMPTON BAYS, NY 11946		Waste Disposal Site Operator's Certification (Receipt of Above Waste Accepted) Signature: Scott Master Printed Name: Title: 7-5-02	Telephone No. Date

NYDEC 1A-371

NYDCA 483056

Asbestos Transportation Co., Inc.

P.O. BOX 1044
HAMPTON BAYS, N.Y. 11946

TOLL FREE
1-800-755-0ATC
"EMERGENCY NUMBER"

PHONE 631-924-5050
FAX 631-924-5085

Waste Manifest # 36593	Job #	Floor or Location	Cust # 122
1. Work Site Name and Mailing Address 11 RECTOR ST. NEW YORK, NY		Owner's Name, Address, Phone Number JOHN SPYREAS ENTERPRISES 11 RECTOR ST. NEW YORK, NY	
Contractor's Name, Address TRIO 14-20 129TH STREET COLLEGE POINT, NY		Waste Disposal Site MEADOWFILL LANDFILL RT. #2, BOX 68 BRIDGEPORT, WV. 26330	
Name and Address of Responsible NESHAPS Agency U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007			
Description of Materials ☒ RQ Waste Asbestos, Class 9, NA2212, PGIII ☐ Other _____		Bags - _____	Cubic Yds. - 2
☐ RQ Waste White Asbestos, Class 9, UN2590, PGIII		Drums or Tons - _____	OTHER - _____
Special Handling Instructions and Additional Information			
OPERATOR'S 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. DJ FROMM WAREHOUSE x <i>[Signature]</i> _____ Printed/Typed Name Title Signature Date (M/DD/YY)			
Transporter 1 (Acknowledgement of Receipt of Materials)			
Company Name and Address ASBESTOS TRANSPORTATION CO., INC. P.O. BOX 1044 HAMPTON BAYS, NY 11946		Signature: <i>[Signature]</i> Printed Name: Ralph Averchuk Title: DRIVER	Telephone No. 631-924-5050 Date 7-01-02
Transporter 2 (Acknowledgement of Receipt of Materials)			
Company Name and Address ASBESTOS TRANSPORTATION CO., INC. P.O. BOX 1044 HAMPTON BAYS, NY 11946		Signature: <i>[Signature]</i> Printed Name: JAMES W ROGERS JR Title: DRIVER	Telephone No. 631-924-5050 Date 7-4-02
Discrepancy Indication Space:			
MEADOWFILL LANDFILL 113041842-2784		Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted)	
Company Name and Address		Signature: <i>[Signature]</i> Printed Name: Scott Master Title: _____	Telephone No. _____ Date 7-5-02