TRIO EST. 1987 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)

TRU-0981M-02a
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 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 (a) 7/29/02

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

Shift from: 8 ☐ am ☒ pm to 5 ☐ am ☒ pm

If other, specify _____

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

RECEIVED
JUN 27 2002
DEP/BANHM
BESTOS/LEA
PROGRAM
TRUG
2

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

TRm 0981Mw02

30. LOCATIONS OF ABATEMENT

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM SQUARE FEET	AMOUNT OF ACM LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
Roof	Item No. 1	Roof & uncovered	2000		
		surfaces			
Wall	Item No. 7	Partial Wall	850		
Facade	Item No. 7	Partial Facade	750		
		including awnings			
		and ledges			

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	Trio Asbestos Rvl.Corp	NYC
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
6/26/02	6/26/02	
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.

Andrew J. Spyreas c/o NYC — Print Name of Owner

Signature DEP

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
Project: NYC-DEP W & P File #: 1079.01.02
11 Rector Street, Roof Clean-Up

Received: 6/29/02 5:00:00 PM
ATC Group #: 8340
Analysis Date: 6/30/02

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

Sample	Volume	Area Analyzed	Non Asb	Asbestos Type(s)	# Structures 0.5μ-5	# Structures 5μ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm²)	Asbestos Concentration (S/cc)	Notes
001A 8340 -1	1320.00	0.0674	0	CHRYSOTILE	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	CHRYSOTILE	1	0	0.0043	14.83	0.0043	

ROMAN PEYSAKHOV
Analyzed by:

MICHAEL A. GORYCKI, Ph.D.
Approved by:

53

New York, NY 10017
(212) 922-0077
Fax (212) 922-0630

8340

WARREN & PANZER ENGINEERS, P. C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

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

CLIENT: NYC-DEP
PROJECT: Roof Clean-up
LOCATION: 11 Rector Street

W&P FILE #: 1079-01.02
LABORATORY: ATC
ANALYSIS METHOD: PCM 7400 | (TEM AHERA) | TEM EPA LEVEL II (circle one)
TECHNICIAN:

P.O.
CONTACT: Mike

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR. (fib./cc.)
001A	Top of Stairs by decon 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	Sealed Blank	1								

SAMPLE BY: Nicole Wells
SIGNATURE: Nicole Wells
DATE: 6/29

RELEASED BY:
SIGNATURE:
DATE:

RECEIVED BY:
SIGNATURE: H. Gray
DATE: 6/29/02

COMMENTS:

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 ...

ATC Associates Inc.
104 East 25 Street
New York, NY 10010
TEL: (212) 353-8280 FAX: (212) 353-8306

FACSIMILE TELECOPY TRANSMISSION

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

Fax #: (212) 922-0630

Date: Sunday, June 30, 2002

Time: 12:19:08 PM

Comments:

From: ROMAN PEYSAKHOV

ATC Group #: 8340

Client Project: NYC-DEP W & P File #: 1079.01.02
11 Rector Street Roof Clean-Up

Number of Pages: 3
(including cover page)

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ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET					INSPECTION DATE
11	RECTOR STREET					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.: TRV0981MN02			PHOTOS TAKEN: (YES) NO	

CONTRACTORS NAME: Trio Asbestos Removal Corp.	SAMPLE NO.
ADDRESS: 14-20 129 Street CITY: College Point	SAMPLE NO.
STATE: NY ZIP: 11356 PHONE: (718) 961-4100	SAMPLE NO.
LABORATORY NAME: Warren & Panzer Engineers P.C.	OWNERS NAME: Andrew J. Spyreas.
ADDRESS: 228 East 45 Street CITY: New York	ADDRESS CITY
STATE: NY ZIP: 10017 PHONE: (212) 922-0077	STATE ZIP PHONE
CONTACT PERSON: Chris Horan.	TIME OF INSPECTION FROM: 8 am am/pm TO: 6 pm. am/pm
INSPECTION DISCLOSED:	

Supervisor Ireneusz Womoczyl, 89339 and four handlers from Trio and John H. Boyd AH90-05530 were on site.
Joe Bonder of Trio was also onsite.
Crew began cleaning the roof and air sampling was also on going 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 6:30pm.

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS
		PJP.

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

#36

NYDEC'1A-371 NYDCA 483056

Asbestos Transportation Co., Inc.

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

TOLL FREE
1-800-755-ØATC
"EMERGENCY NUMBER"

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

Waste Manifest #	Job #	Floor or Location	Cust #
36593			22

1. Work Site Name and Mailing Address	Owner's Name, Address, Phone Number
11 [illegible] ST. NEW YORK, [illegible]	[illegible] ENTERPRISES 11 RECTOR ST. NEW YORK, NY

Contractor's Name, Address	Waste Disposal Site
[illegible] 14-20 129TH STREET COLLEGE POINT, NY	[illegible] RT. #2, BOX 6[illegible] BRIDGEPORT WV 263[illegible]

Name and Address of Responsible NESHAPS Agency Other ❑ ______

U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007

Description of Materials	Bags -	Cubic Yds. -
☒ RQ Waste Asbestos, Class 9, NA2212, PGIII ❑ Other______	—	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.

Printed/Typed Name	Title	Signature	Date (M/DD/YY)
DJ FROMM	WAREHOUSE	x [signature]	

Transporter 1 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: [signature]	631-924-5050
	Printed Name: Ralph Aureccho	Date
	Title: **DRIVER**	7-01-02

Transporter 2 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: James W Rogers Jr	631-924-5050
	Printed Name: JAMES W ROGERS JR	Date
	Title: **DRIVER**	7-4-02

Discrepancy Indication Space:

	Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted)	
[illegible] 304 [illegible]	Signature: [signature]	Telephone No.
	Printed Name: [signature]	Date
Company Name and Address	Title: Scale Master	7-5-02

-36

NYDEC 1A-371 NYDCA 483056

Asbestos Transportation Co., Inc.

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

TOLL FREE
1-800-755-ØATC
"EMERGENCY NUMBER"

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

Waste Manifest #	Job #	Floor or Location	Cust #
36593			122

1. Work Site Name and Mailing Address	Owner's Name, Address, Phone Number
11 RECTOR ST. NEW YORK, NY	JOHN SPYREAS ENTERPRISES 11 RECTOR ST. NEW YORK, NY
Contractor's Name, Address	**Waste Disposal Site**
TRIO 14-20 129TH STREET COLLEGE POINT, NY	MEADOWFILL LANDFILL RT. #2, BOX 68 BRIDGEPORT, WV. 26330

Name and Address of Responsible NESHAPS Agency Other ☐ _____

U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007

Description of Materials	Bags -	Cubic Yds. -
☒ **RQ Waste Asbestos, Class 9, NA2212, PGIII** ☐ **Other** _____		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 (Printed/Typed Name) WAREHOUSE (Title) x DJ Fromm (Signature) _____ (Date (M/DD/YY))

Transporter 1 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature:	**631-924-5050**
	Printed Name: Ralph Annecchi	Date
	Title: **DRIVER**	7-02-02

Transporter 2 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: James W Rogers Jr	**631-924-5050**
	Printed Name: JAMES W ROGERS JR	Date
	Title: **DRIVER**	7-4-02

Discrepancy Indication Space:

	Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted)	
MEADOWFILL LANDFILL (304)842-2784	Signature:	Telephone No.
	Printed Name:	Date
Company Name and Address	Title: Scale Master	7-5-02