WASTE MANAGEMENT

LOGANO
P.O. Box 144 • Portland, CT 06480
(860) 342-0667 • Fax: (860) 342-4866
Out of State 1-800-272-3867

E.P.A. AGENCY

CT, MA, RI, VT, NH, ME GENERATORS
EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

NY GENERATORS
EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 264-6770

#99 48744

EMERGENCY RESPONSE TELEPHONE
#1-800-272-3867

FB# 7536 ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number _____ P.O. # _____
Contractor FIBER CONTROL INC.
Address 3010 BURNS AVENUE
City WANTAGH State NY Zip 11793
Telephone Number (516)781-3000
Date Container Del. 06/26/02 Date of Pickup 07/25/02
Type of Container 100 YARD
VOLUME 1/2 CY Friable [X] Non-Friable [ ]
Bag [X] Drum [ ] Wrapped [ ] Other [ ]
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER
107 W. BROADWAY REALTY CORP
Address 113 READE STREET
City NEW YORK, NY 10013 Zip
Phone Number

GENERATING LOCATION
Address 113 READE STREET
City NEW YORK, NY 10013 State Zip
Phone Number INV #: F1041

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.
Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE R. Hall

Transporter 1: FIBER CONTROL INC. 3010 BURNS AVENUE WANTAGH, NY 11733 516-781-3000
Name Address Telephone #
Driver: Tony Costa Registration #: NY 480 139 AR Date: 07/24/02
Signature State / #
Acknowledgement of receipt of materials.

Transporter 2: Waste Management N.E.E.T., Inc., PO Box 144, Portland, CT 06480 1-800-272-3867
Driver: _____ Registration #: 0930111me Date: 7/25/02
Signature State / #
Acknowledgement of receipt of materials.

TEMPORARY STORAGE / TRANSFER FACILITY: WASTE MANAGEMENT N.E.E.T., INC. • 203 PICKERING STREET • PORTLAND, CT 06480
PHONE: (800) 272-3867 PERMIT # SW 1130223
Received By: N/A Date: _____
Certification of receipt of materials covered by this manifest.

Transporter 3: _____
Name Address Telephone #
Driver: _____ Registration #: _____ Date: _____
Signature State / #
Acknowledgement of receipt of materials.

Landfill Name: [illegible] Phone No: [illegible]
Location: [illegible] Permit # [illegible]
Approximate Volume of Asbestos Received: 1/2 CY
Discrepancy If Any: _____
Received by: Michael Mark Date: 7/26/02
Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR

TOTAL FEET: 1875 0

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS INSPECTION REPORT

Basis of Inspection: TRU0956MN02

FEE EXEMPT: Yes
1. $0.00
☐ Variance

ONLY TYPEWRITTEN APPLICATIONS WILL BE ACCEPTED

NOTE: ASBESTOS INSPECTION REPORT SHALL BE SUBMITTED TO NYC DEP NOT LESS THAN ONE WEEK IN ADVANCE OF START OF THE WORK (ABATEMENT ACTIVITIES)

START DATE: 6/27/02 PROJ. COMPLETION DATE: 8/30/02

I. FACILITY

ADDRESS: 113 READE STREET BORO: MANHATTAN ZIP: 10013

TYPE OFFACILITY: BLOCK: 145 LOT: 15

II. BUILDING OWNER

NAME: 107 W. BROADWAY REALTY CORP. Contact

TEL. #:

ADDRESS: 113 READE ST. CITY: NY STATE: NY ZIP: 10013

IV. ASBESTOS ABATEMENT CONTRACTOR

NAME: FIBER CONTROL INC.

TEL. #: (516) 781-3000 FEDERAL EMPLOYER IDENTIFICATION # : PII

ADDRESS: 3010 BURNS AVE CITY: WANTAGH STATE: NY ZIP: 11793

VI. LABORATORY FOR SAMPLE ANALYSIS NAME: SCIENTIFIC LABORATORIES INC - NEW YORK CI

NYS ELAP #: 11480

ASBESTOS WORK SCHEDULE ☐ DAY ☐ EVENING ☐ NIGHT ☐ WEEKENDS ☐ WEEKDAYS

INSPECTOR NAME: Alphonso Plumptre SQUAD #: 1 BADGE #: A010

DATE OF INSPECTION: 6 / 27 / 02 TIME OF INSPECTION: From: 915 AM ☒ PM ☐

To: 500 AM ☐ PM ☒

Contact at site:

Inspection disclosed that the following sections were complied with: (Check all that apply)

☐ 1-51 - Notifications, Reports, Pla	☐ 1-71 - Air Sampling and Monitorin	☐ 1-91 - Worker Protection
☐ 1-101 - Materials and Equipment	☐ 1-116 - Work Place Preparation	☐ 1-117 - Worker Decontamination System
☐ 1-118 - Waste Decontamination System	☐ 1-126 - Engineering Controls	☐ 1-127 - Entry/Exit Procedures
☐ 1-129 - Maintenance of Barriers	☐ 1-138 - Encapsulation	☐ 1-139 - Enclosure
☐ 1-140 - Glovebag	☐ 1-141 - Tent	☐ 1-137 - ACM Disturbance, Removel, Handling
☐ 1-146 - Preliminary Clean-up	☐ 1-147 - Final Clean-up	

☐ Project not started _____. Inspection revealed all ACM to be intact. New start date: / /

☐ Project ongoing, expected completion date: / /

☐ Project completed on or about / / . All surfaces, including abated surfaces are free of visible ACM and encapsulat

☐ Follow up necessary on / /

Samples taken: ☐ No ☐ Yes 1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____ Photos taken: ☐ Yes ☐ No

Additional comments: The roof was cleaned and passed visual inspection by me and was later inspected by Director Hutchmedral. After the Cleanup the tenants of the 2nd Floor complained that his window was broken and the Fiber Control project Manager — Mr. Costa promised to replace the window.

BORO 1 = MANHATTAN 2 = BRONX 3 = BROOOKLYN 4 = QUEENS 5 = STATEN ISLAND

RESULT CODES 1 = VIOLATION ISSUED 2 = NO VIOLATION ISSUED 3 = NO ACCESS 4 = PROJECT NOT STARTED (NO NOV) 5 = PROJECT COMPLETED (NO NOV)

RESULT CODE 5

SUPERVISOR INITIALS