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

INVOICE

REVISED 8-13-02

Date: 08/08/02
Due Date:

Inv. No.: F1088
Page No.: 1

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: job sites listed below

REFERENCE	TERMS	YOUR #	OUR #	SALES REF
TEL: 718-595-3671	Upon Completion	CONTRACT ROF-REM1	F1088	PG

DESCRIPTION / REFERENCE		UNIT MEASURE	QUANTITY	UNIT PRICE / ITEM DISCOUNT	EXTENDED PRIC
Exterior Cleanup					
Address	**Asphalt Roof Unit Price**		**facade**	**Unit Price**	**Total**
92 Reade Street	1500 sq ft @ 1.48				$ 2,220.00
94 Reade Street	1500 sq ft @ 1.48				$ 2,220.00
92-94 Warren Street	4900 sq ft @ 1.48				$ 7,252.00
92-94 Warren Street			3750 sq ft @ 2.50		$ 9,375.00
150-152 Chambers Street	3400 sq ft @ 1.48				$ 5,032.00
150-152 Chambers St (ACP-8)	750 sq ft @ 1.48				$ 1,110.00
75 Murray	1450 sq ft @ 1.48				$ 2,146.00
75 Murray			1875 sq ft @ 2.50		$ 4,687.50
121 Chambers Street			1950 sq ft @ 2.50		$ 4,875.00
121 Chambers St (103 Reade St)			1950 sq ft @ 2.50		$ 4,875.00
97 Chambers	7052 sq ft @ 1.48				$ 10,436.96
					$ 54,229.46

R. Raehm

WWW.ACTIONHAZMAT.COM

SUB TOTAL	$ 54,229.46
TAX	0.00
TOTAL	$ 54,229.46
NET TO PAY	

E110WTC

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

EMERGENCY

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

TRU 1174 M/02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 94 READE STREET Borough N.Y Zip
AKA 3. Block 146 4. Lot 2
5. Type of Facility 6. Name of Building

II. BUILDING OWNER

7. Name HERBERT MOSKOWITZ 8. Contact Person Mr. Moskowitz
9. Tel. # (212) 349-3404 Fax #
10. Address PII City N.Y State N.Y Zip PII

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 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 45TH 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 8/1/02 Projected completion date 8/31/02

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.

RECEIVED
JUL 26 2002
DEP BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 2

25. Total amount of asbestos-containing material to be abated during this work
1500 Square Feet, and/or _____ Linear Feet

DEP BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 2

ACP 2/20(

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGNO 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

1174 NOV

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	(Asphalt)		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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
BOSUN GUANAKE	ANTHONY COSTA	ANTHONY COSTA
Signature	Signature	Signature
06-03-02	6-3-02	6-3-02
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.

Alphonso Plumpkin — Print Name of Owner | Signature | 7/26/02 — 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.

ACP7
2/2001

PAGE 1 OF ____

ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET: 94 Reade St					INSPECTION DATE: 7-31-02
FLOOR: Roof	ZIP: 10013	BORO CODE: 1	BLOCK: 146	LOT: 2	SQUAD #: 1	BADGE #: AD10
INSPECTOR: ALPHONSO PLUMPTRE	BLDG TYPE	BASIS OF INSPECT: TRK 1174MN02				PHOTOS TAKEN YES / NO

CONTRACTORS NAME: FIBER CONTROL	SAMPLE NO.
ADDRESS: 3010 BURNS AVE CITY: WANTAGH	SAMPLE NO.
STATE: N.Y ZIP: 11793 PHONE: (516) 781-3000	SAMPLE NO.
LABORATORY NAME: WARREN & PANZER ENGINEERS, PC	OWNERS NAME: Mr. Herbert Moskowitz
ADDRESS: 228 E. 45TH ST CITY: N.Y	CITY: N.Y PII
STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077	STATE: N.Y ZIP: PII PHONE
CONTACT PERSON:	TIME OF INSPECTION FROM: 11:15 am/pm TO: 11:40 am/pm
INSPECTION DISCLOSED:	

There were no visible debris observed after the Cleanup on the roof including the gutters.

NOV #	INFRACTIONS	RESULT CODE: 5
NOV #		SUPERVISORS INITIALS: AL

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 30/9

AL

FILE

ASBESTOS INSPECTION REPORT

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