

**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 48741

EMERGENCY RESPONSE
TELEPHONE
#1-800-272-3867

FB# 7336 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. **06/28/02** Date of Pickup **07/25/02**
Type of Container **100 YARD**
VOLUME 1 CY Friable ☒ Non-Friable ☐
Bag ☒ Drum ☐ Wrapped ☐ Other ☐
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER

MARVIN STAHL
Address **105 READE STREET**
City **NEW YORK, NY** State **NY** Zip **10013**
Phone Number _____

GENERATING LOCATION

Address **105-107 READE STREET**
City **NEW YORK, NY** State **NY** Zip **10013**
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

Transporter 1: **FIBER CONTROL INC.** **3010 BURNS AVENUE WANTAGH, NY 11793** **516-781-3000**
Name Address Telephone #
Driver: **Gony 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: **[Signature]** Registration #: **0930111 me** 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: **N/A**
Name Address Telephone #
Driver: _____ Registration #: _____ Date: _____
Signature State / #
Acknowledgement of receipt of materials.

Landfill Name: **[Signature]** Phone No: **8744792327**
Location: **[Signature]** Permit #: **10051/CT/025/1960716/2845**
Approximate Volume of Asbestos Received: **1 CY**

Discrepancy If Any: _____
Received by: **[Signature]** Date: **7-26-02**
Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR

**NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS INSPECTION REPORT**

TOTAL FEET: 7548 0

Basis of Inspection:

TRU0958MN02

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: 105-107 READE ST BORO: MANHATTAN ZIP: 10013
TYPE OFFACILITY: BLOCK: 145 LOT: 18

II. BUILDING OWNER

NAME: MARVIN STAHL Contact: markin stahl
TEL. #: PII
ADDRESS: 105 reade st CITY: PII STATE: ny ZIP: PII

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: Alfonso Plingtre SQUAD #: 1 BADGE #: A010
DATE OF INSPECTION: 6/27/02 TIME OF INSPECTION: From: 9:15 AM To: 5:00 PM
6/30/02 7:00 AM To: 4:00 PM

Contact at site: markin stahl

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

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 on 6/27/02 and after visual inspection there was no visible debris observed on the roof. The facade was cleaned on 6/30/02 and also passed visual inspection.

BORO 1 = MANHATTAN 2 = BRONX 3 = BROOKLYN 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