

FIBER CONTROL, INC.

3010 BURNS AVENUE
WANTAGH, NY 11793
(516) 781-3000
FAX (516) 781-3085

INVOICE**Date:** 7/2/02**Inv. No.:** F1040**Due Date:****Page No.:**

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 Locations
See Below

REFERENCE

TERMS

YOUR #

OUR #
F1040SALES REP
PG

DESCRIPTION

UNIT
MEASURE

QUANTITY

UNIT PRICE

EXTENDED PRICE

REFERENCE

ITEM DISCOUNT

CONTRACT NO. ROF-REM1**Exterior Cleanup**

<u>Address</u>	<u>Façade</u>	<u>Roof</u>	<u>Unit Price</u>	<u>Total</u>
119 Chambers Street	1875 sq ft		@ \$2.50 per ft	4,687.50 ✓
110 Chambers Street	1080 sq ft		@ \$2.50 per ft	2,700.00 ✓
112 Chambers Street	1500 sq ft		@ \$2.50 per ft	3,750.00 ✓
112 Chambers Street		2050 sq ft	@ \$1.48 per ft	3,034.00 ✓
114 Chambers Street	1500 sq ft		@ \$2.50 per ft	3,750.00 ✓
105-107 Reade	3978 sq ft		@ \$2.50 per ft	9,945.00 ✓
109 Reade	1875 sq ft		@ \$2.50 per ft	4,687.50 ✓

SUB TOTAL
TAX
TOTAL

32,554.00

NET TO PAY

32,554.00

FIBER CONTROL, INC.

3010 BURNS AVENUE
WANTAGH, NY 11793
(516) 781-3000
FAX (516) 781-3085

INVOICE

Date: 7/3/02
Due Date:

Inv. No.: F1041
Page No.:

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 Locations
See Below

REFERENCE TERMS YOUR # OUR # SALES REP
F1041 PG

DESCRIPTION	UNIT MEASURE	QUANTITY	UNIT PRICE	EXTENDED PRICE
REFERENCE			ITEM DISCOUNT	

CONTRACT NO. ROF-REM1

Exterior Cleanup

Address	Asphalt Roof	Unit Price	Total
104 Reade	1500 Square Feet @	1.48 sq ft	2,220.00 ✓
105-107 Reade	3570 Square Feet @	1.48 sq ft	5,283.60 ✓
109 Reade	1750 Square Feet @	1.48 sq ft	2,590.00 ✓
113 Reade	1875 Square Feet @	1.48 sq ft	2,775.00 ✓

SUB TOTAL
TAX
TOTAL

12,868.60

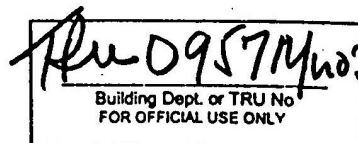
NET TO PAY

12,868.60



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

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 109 READE STREET Borough N.Y. Zip 10013
AKA _____ 3. Block 145 4. Lot 7503
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name First Reade Condo 8. Contact Person _____
9. Tel. # (212) 587-4039 Fax # _____
10. Address 109 Reade St City N.Y. State N.Y. Zip 10013

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 WANTASH 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 6/27/02 Projected completion date 8/30/02

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

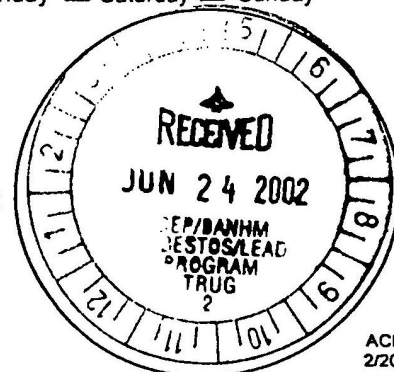
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
specify _____

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

25. Total amount of asbestos-containing material to be abated during this work

3625 Square Feet, and/or _____ Linear Feet



ACP
2/200

DEP
BUREAU OF ENVIRONMENTAL
REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
16117

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO 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) _____

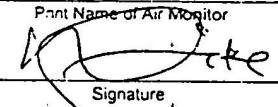
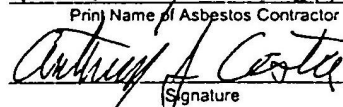
28. TYPE OF ABATEMENT (Check all appropriate boxes)
☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

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 LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
Roof	(ASPHALT)		1750	
Facade	ALL		1875	

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.

<u>BOSUN O GUINALE</u> Print Name of Air Monitor  Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor  Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner)  Signature <u>6-3-02</u> 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.

 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.

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
109 Read Street

Received: 6/28/02

9:00:00 PM

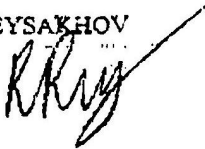
ATC Group #: 8320

Analysis Date: 6/28/02

**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 µ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm ²)	(S/cc)	Notes
01 8320 -1	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048
02 8320 -2	1440.00	0.1124	0	CHRYSTILE	2	0	0.0048	35.59	0.0095
03 8320 -3	1440.00	0.0562	0	CHRYSTILE	1	0	0.0048	17.79	0.0048
04 8320 -4	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048
05 8320 -5	1440.00	0.0562	0	CHRYSTILE	0	1	0.0048	17.79	0.0048

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 #10679

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**2228 East 45th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-0630**

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

PAGE 1 OF 1

P.O.

CLIENT: DEP NYC

PROJECT: 109 REDE ST

LOCATION: ROOF-

W&P FILE #:

LABORATORY: ATC

ANALYSIS METHOD: PCM

circle one

TECHNICIAN: R. Bernhardt

TEMP

EPA LEVEL II

CONTACT:

Immediate +/a

 $3 \text{ hr}^{-1}/a$

24 hr⁺/d

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE		ON	TIME		TOTAL TIME	VOLUME (liters)	CONCENTR. (mb/cc.)
				START	STOP		OFF	ON			
01	STAIRWELL BK. HALLWAY	3		8.0	8.0	0800	1130		180	1440	
02	ENTRANCE TO ROOF	3		8.0	8.0	0801	1131				
03	WINDOW DECK (2) RWFF DWAP	3		8.0	8.0	0804	1134				
04	FRONT OF ROOF (PATIO)	3		8.0	8.0	0810	1140				
05	REAR OF ROOF	3		8.0	8.0	0812	1142		180	1440	
06	FB	1					NA				
07	FB	1					NA				
								</			

COMMENTS:

SAMPLE BY: R. T. [Signature] DATE: 6-17-72

SIGNATURE: _____

RELEASED BY: DATE:

SIGNATURE: _____

RECEIVED BY: STC DATE: 6/28/02

SIGNATURE:  9102

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 BEVERAGE SIDE FOR ANALYSIS INFORMATION



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
Watson & Panzer Engineers, P.C.

Fax #: (212) 922-0630

Date: Friday, June 28, 2002

Time: 1:14:25 PM

Comments:

From: ROMAN PEYSAKHOV

ATC Group #: 8320

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

Number of Pages: 3
(including cover page)

12

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

Received: 7/1/02 3:00:00 PM
ATC Group #: 8369
Analysis Date: 7/1/02

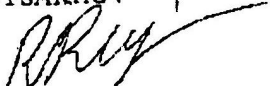
Fax: (212) 922-0630 Phone: (212) 922-0077

Project: NYC-DEP W & P File #: 1079.01.02
109 Reade Street

**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 µ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm ²)	(S/cc)	Notes
01 8369 -1	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044
02 8369 -2	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044
03 8369 -3	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044
04 8369 -4	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044
05 8369 -5	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044

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 85% confidence limits and laboratory and analysis accuracy and precision) is available upon request.

Accredited for NVLAP PLMTEM #101187-0, NY State ELAP #10876

1

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



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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.

From: ROMAN PEYSAKHOV

Fax #: (212) 922-0630

ATC Group #: 8369

Date: Monday, July 01, 2002

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

Time: 11:19:29 PM

Number of Pages: 3

Comments:

(including cover page)

10

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS INSPECTION REPORT

TOTAL FEET: 3625 0

Basis of Inspection:

TRU0957MN02

FEE EXEMPT: Yes

1. \$0.00

☐ VarianceONLY 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: 109 READE STREET BORO: MANHATTAN ZIP: 10013

TYPE OFFACILITY: BLOCK: 145 LOT: 7503

II. BUILDING OWNER

NAME: FIRST READE CONDO

Contact

TEL. #:

ADDRESS: 109 CITY: STATE: ZIP:

IV. ASBESTOS ABATEMENT CONTRACTOR

NAME: FIBER CONTROL INC.

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

P11

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 ☐ WEEKDAYSINSPECTOR NAME: Alphonso Plumptre SQUAD #: 1BADGE #: A-10DATE OF INSPECTION: 6/27/02 TIME OF INSPECTION: From: 9:15 AM ☒ PM ☐To: 7 AM 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 34 5 6 Photos taken: ☐ Yes ☐ No

Additional comments:

The Cleaning of the roof was done and Completed on ~~6/27/02~~ 6/27/02 and Visual inspection was done and no visible debris observed on the roof. The facade was done on 6/20/02 and was cleaned and 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

SUPERVISOR INITIALS

**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 48742

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 ☒ Non-Friable ☐
Bag ☒ Drum ☐ Wrapped ☐ Other ☐
ASBESTOS, 9, NA2212. PG III

GENERATOR/BUILDING OWNER

FIRST READE CONDO
Address **109 READE STREET**
City **NEW YORK, NY** State **NY** Zip **10013**
Phone Number _____

GENERATING LOCATION

109 READE STREET
Address **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**
Driver: Tony Costa Name _____ Address _____ Telephone # _____
Signature _____ Registration #: **NY 480 139 AR** Date: **07/24/02**
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] Name _____ Address _____ Telephone # _____
Signature _____ Registration #: **0930111 me** Date: **7/25/02**
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: Southern New Hampshire Phone No: 800 479 2537
Location: Bedford Hills, NY 10515 Permit # 120511111 me
Approximate Volume of Asbestos Received: 1/2 CY
Discrepancy If Any: _____
Received by: Melanie M... Date: 7-26-02

Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR