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 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 ☐
RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER
FIRST READE CONDO
Address 109 READE STREET
City State Zip NEW YORK, NY 10013
Phone Number

GENERATING LOCATION
Address 109 READE STREET
City State Zip NEW YORK, NY 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 R. [signature]

Transporter 1: FIBER CONTROL INC. (Name) 3010 BURNS AVENUE WANTAGH, NY 11793 (Address) 516-781-3000 (Telephone #)
Driver: Tony Costa (Signature) Registration #: NY 480 139 AR (State / #) Date: 07/24/02
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] (Signature) Registration #: 093011 ME (State / #) Date: 7/25/02
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: ____ (Signature) Registration #: ____ (State / #) Date: ____
Acknowledgement of receipt of materials.

Landfill Name: Southern Alleghenies Phone No: 814 479 2837
Location: Davidsville PA 15928 Permit # [illegible]
Approximate Volume of Asbestos Received: 1/2 CY
Discrepancy If Any: ____
Received by: [signature] Date: 7-26-02
Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR

TOTAL FEET: 3625 0

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS INSPECTION REPORT

Basis of Inspection: TRU0957MN02

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: 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 # : 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 #: A-10

DATE OF INSPECTION: 6/27/02 TIME OF INSPECTION: From: 9 15 AM ☒ PM ☐ 5:00 pm

6/30/02 To: 7 AM AM ☐ PM ☐ 4:00 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 Cleanup of the roof was done and Completed on 6/27/02 and Visual inspection was done and no visible debris observed on the roof. The facade was done on 6/30/02 and was cleaned and passed Visual inspection.

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