

**BENJAMIN KURZBAN
& SON CONTROL, INC.**
1218 Ralph Ave.
BROOKLYN, N.Y. 11236

(718) 531-2900

INVOICE

1186

TO Dept of Environmental Protection
59-17 Junction Blvd
Corona, NY 11368

DATE 9/24/02	ORDER NO.
SHIP TO Contract REM-ROF2	

SALESPERSON	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TERMS
QUANTITY	DESCRIPTION		UNIT PRICE	TOTAL
>	Registration # CT 82620020015280			
	Pin# 82602WTCROOF2			
	For work completed at 205 Pearl St			
	18,414 SF @ 2/SF			
	Total Amount due this Invoice			\$36,828.00
	<i>R. Kurzban</i>			

ORIGINAL

Thank You!

22. Sample Analysis Laboratory _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 09/16/02 Projected completion date 10/10/02

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

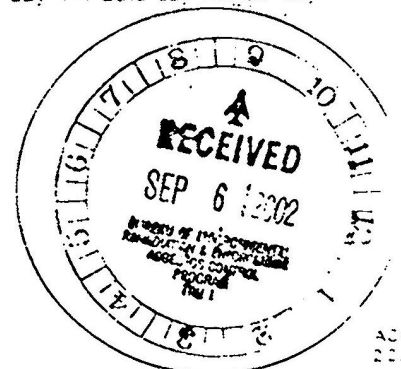
Shift from: 8⁰⁰ ☒ am ☐ pm to 6⁰⁰ ☐ am ☒ pm

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

15314 Square Feet, and/or 0 Linear Feet



E144011
 ONLY DEP WITHIN 15 MINUTES WILL BE ACCEPTED
EMERGENCY DEP
 NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
 www.nyc.gov/dep

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Tru 14434N02
 Building Dept. or TRU No
 FOR OFFICIAL USE ONLY

1. *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 205 PEARL STREET Borough MAN Zip 10038
 AKA _____ 3. Block 68 4. Lot 7501
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name _____ 8. Contact Person _____
 9. Tel. # _____ Fax # _____
 10. Address _____ City _____ State _____ Zip _____

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL INC 13. Contact Person LOUIE IANNICO
 14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808
 16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 18. Contact Person MICHAEL NOLAN
 19. Federal Employer ID. # PII 20. Tel. # (212) 922-6077 Fax # (212) 922-0630
 21. Address 228 EAST 45TH STREET City NEW YORK State NY Zip 10017
 22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 09/10/02 Projected completion date 10/10/02

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

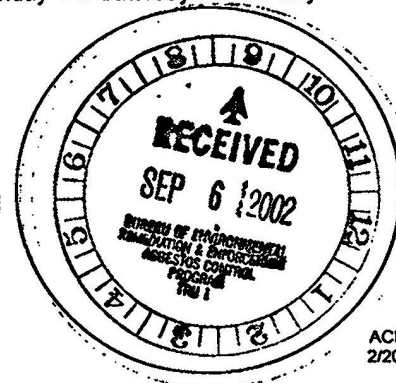
Shift from: 8⁰⁰ ☒ am ☐ pm to 8⁰⁰ ☐ am ☒ pm

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

15314 Square Feet, and/or 0 Linear Feet



ACP
 2/200

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ - 462 Tel.# (718) 522-2263

Disposal Site(s) BLUERIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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

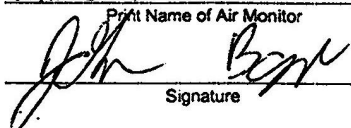
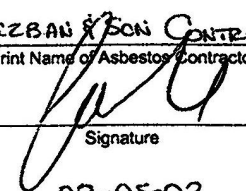
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

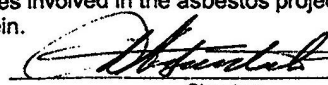
30. LOCATIONS OF ABATEMENT

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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
ROOF		ROOF SURFACE	8614		
FACADE	EAST FACADE	AWNINGS	700		
FACADE	SOUTH FACADE	FIRE ESCAPES	6000		

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>WARREN & PANZER ENGINEERS</u> Print Name of Air Monitor  Signature <u>09-05-02</u> Date	<u>B. KURZBAN & SON CONTROL</u> Print Name of Asbestos Contractor  Signature <u>09-05-02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ Date
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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  NYCDEP 09/03/02
 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.

E 144 WTC

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT AMENDMENT FORM
FOR FORM ACP 7

FOR OFFICIAL USE ONLY

Fee (if any) \$ _____

Amendment 2002A-2218Information Only: ☐ Yes ☐ No

A modification is valid only if it is received by the NYCDEP prior to the previously filed date of completion, except for start date changes that must be received by the original start date.

ACP7 TRU/BN# 1443MN02 Facility Address 205 PEARL STREET Borough MAN Zip 10038Date ACP7 was filed 09/10/02 Variance # (if any) _____Was this ACP7 amended before? ☐ Yes ☒ No If yes, specify date _____

Original Start Date _____ Original Completion Date _____ from ACP 7, #24.

PLEASE ENTER THE INFORMATION THAT IS BEING CHANGED:

A notification may be modified no more than twice.
Only the building owner may amend items IV and V.
The original applicant or building owner may amend all other items.

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name _____ 13. Contact Person _____

14. Federal Employer ID. # _____ 15. Tel. # _____ Fax # _____

16. Address _____ City _____ State _____ Zip _____

V. THIRD PARTY AIR MONITOR

17. Name _____ 18. Contact Person _____

19. Federal Employer ID. # _____ 20. Tel. # _____ Fax # _____

21. Address _____ City _____ State _____ Zip _____

22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION24. Starting date for this portion of work _____ Projected completion date _____ ☐ Project Cancelled ☐ Project PostponedAsbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ SundayShift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm If other, specify _____25. Additional asbestos-containing material to be disturbed during this work 3100 Square Feet, and/or 0 Linear Feet

Reduction in the amount of ACM to be disturbed during this work _____ Square Feet, and/or _____ Linear Feet

29. Abatement Procedure for Additional Material (Check all appropriate boxes)☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

Other Changes _____

30. Locations of abatement modified by above _____
(For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner _____ Tel. # _____

Name of Company (if any) _____ Fax # _____

Address _____ City _____ State _____ Zip _____

I hereby declare that the information provided herein is true and complete.

Signature of Applicant / Owner

Date

09/18/02ACP 8
2/2001

09/11/2002 19:37 FAX 718 784 4085

002

**ATHENICA**

ENVIRONMENTAL SERVICES INC.

Tel. (718) 784-7490

Fax: (718) 784-4085

AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

CLIENT: Warren & Panzer Engineers, P.C.

LABORATORY ID #: T02-09-036

ANALYT. METHODOLOGY: AHERA

FILTER TYPE: M.C.E.

AVERAGE G.O. AREA (mm²): 0.013771

PROJECT: NYC DEP, 205 Pearl Street

DATE OF REPORT: 09/11/02

DATE OF ANALYSIS: 09/11/02

EFFECTIVE FILTER AREA (mm²): 385**LABORATORY RESULTS**

CLIENT #	LAB. ID #	LOCATION	VOLUME (ft ³)	G.O.'s ANALYZED	AREA ANALYZED (mm ²)	ANALYT. SENSITIV. (ppt/ft ³)	TOTAL ASBESTOS AIR CONC. (ppt/ft ³)	TOTAL ASBESTOS CONC. (ppt/ft ³)	AIR CONC. FOR 0.558-5µm	AIR CONC. FOR 5-5.0µm	ASBEST. TYPE CIRC.	AMPHIB. ASBEST. TYPE SPECIFY
09	T02-09-036-2249	Roof west side	1800	4	0.0551	0.0039	<0.0039	<18.15	NA	NA	NA	NA
10	T02-09-036-2250	Roof close to elevator room	1800	4	0.0551	0.0039	<0.0039	<18.15	NA	NA	NA	NA
11	T02-09-036-2251	Roof east side corner	1800	4	0.0551	0.0039	0.0039	18.15	<0.0039	0.0039	Chrys.	NA
12	T02-09-036-2252	Roof close to the electrical box	1800	4	0.0551	0.0039	<0.0039	<18.15	NA	NA	NA	NA
13	T02-09-036-2253	Roof close to the exit	1800	4	0.0551	0.0039	<0.0039	<18.15	NA	NA	NA	NA

ANALYST
R SimkotiLABORATORY DIRECTOR
Spino Domingos

LABORATORY CERTIFICATION NUMBERS: NVLAP 101958, ELAP 10955

- AES Inc. Environmental Services Inc. is a 100% Transmittable entity for information pertaining to the services provided by the company.
- Air sampling cassette will be stored for sixty (60) days. AES Inc., should be notified within this time frame for a true duplicate analysis.
- If AES Inc., did not conduct the sampling, the reported airborne concentration was derived based on information provided by the client. Under these circumstances, the air concentration data is supplied solely for the convenience of the client.
- The report relates only to items tested. This report must not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. Test reports may not be reproduced except in full and with prior approval of AES Inc.
- The liability of Athenica Environmental Services Inc. with respect to the services charged, shall in no event exceed the amount of the invoice.

09/11/2002 19:37 FAX 718 784 4085

003

228 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.

W&P FILE #: 1079.01.02

LABORATORY: ATC-LAB

ANALYSIS METHOD: PCM TEM
circle one: 7400 AHERA (EPA LEVEL II)

TECHNICIAN: FAYED EL-GERDI

CONTACT: BERRY

CLIENT: NYC DEP
PROJECT: ROOF CLEANING/DECONTAMINATING
LOCATION: 205 PEARL ST. NY.

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTRATION (lb./cc)
09	Roof - West Side	3		4	4	0826	1556	450	1800	
10	Roof. Close to Elevator Room					0827	1557	450	1800	
11	Roof. East Side Corner					0828	1558	450	1800	
12	Roof. Close to THE Elev. Box					0829	1559	450	1800	
13	Roof. Close to THE EXIT	3		4	4	0830	1600	450	1800	
14	Field Blank									
15	"									
16	"									

COMMENTS: See Analysis Report and

For # (212) 922-0630
Thank you.

SAMPLE BY: FAYED EL-GERDI	DATE: 09.10.02
SIGNATURE: F. P. Gerdi	
RELEASED BY: [Signature]	DATE: 09.10.02
SIGNATURE: [Signature]	
RECEIVED BY: A. C. [Signature]	DATE: 9/11/02
SIGNATURE: [Signature]	

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		

SEE REVERSE SIDE FOR ANALYSIS INFORMATION

Asbestos Inspection Report

Premise No. 205 PEARL STREET					Inspection Date: AS NOTED	
Floor ROOF & FACADE	Zip 10038	Borough 1	Block 68	Lot 7501	Squad # N/A	Badge # A020
Inspector Dennis Antzoulatos		Building Type MIXED USE		Basis of Inspection WTC Survey		Photos Taken (Yes) No
Contractor's Name Benjamin Kurzban & Son Control				Sample Number N/A		
Address City 1248 Ralph Avenue, Brooklyn				Sample Number N/A		
State Zip Phone NY 11236 (718)531-2900				Sample Number N/A		
Laboratory Name Warren & Panzer Engineers Inc.				Owner's Name		
Address City 228 East 45 Street New York				Address City		
State Zip Phone NY 10017 (212) 922-0077				State Zip Phone		
Contact Person				Time of Inspection from: AS NOTED		
TUESDAY SEPTEMBER 10 2002 (0800AM - 0600 PM)						
THE CLEAN UP OF THE ROOF AREA OF THE PREMISE BEGINS TODAY. THE ROOF AREA OF THE ADJACENT BUILDING, 211 PEARL STREET, OCCURS SIMULTANEOUSLY (ROOFS ARE CONNECTED). FOR THE PURPOSES OF AIR SAMPLING THE ROOF AREAS OF THESE TWO BUILDINGS WILL BE TREATED AS ONE WORK AREA. A REMOTE DECONTAMINATION UNIT IS ERECTED ON THE ROOF OF THE PREMISE. AIR SAMPLING FOR THIS PORTION OF THE CLEAN UP PROJECT WAS PERFORMED BY FAYED ELGENDI (CERTIFICATE # AH-0111631 EXP 03/03). AIR SAMPLES ARE SET UP ON THE ROOF OF THE ADJACENT BUILDING 101 MAIDEN LANE.						
WEDNESDAY SEPTEMBER 11 2002						
NO WORK ACTIVITIES ARE SCHEDULED TODAY.						
THURSDAY SEPTEMBER 12 2002						
THE CLEAN UP OF THE ROOF WORK AREA IS COMPLETED. CLEAN UP ACTIVITIES BEGIN ON THE REAR (WEST) FACADE OF THE PREMISE. AIR SAMPLING FOR THIS PORTION OF THE CLEAN UP PROJECT WAS PERFORMED BY JOHN BOYD (CERTIFICATE # AH 90-05530 EXP 01/03).						
FRIDAY SEPTEMBER 13 2002						
THE CLEAN UP OF THE WEST (REAR) FACADE IS COMPLETED. CLEAN UP ACTIVITIES BEGIN IN THE SET BACK WORK AREA. AIR SAMPLING IS PERFORMED BY JOHN BOYD. FOR THE PURPOSES OF AIR MONITORING THE SETBACK WORK AREAS OF 205, 211, 213, AND 215 PEARL STREET ARE TREATED AS ONE WORK AREA. THE CLEAN UP ACTIVITIES AT THESE FOUR PREMISES OCCURS SIMULTANEOUSLY.						

Asbestos Inspection Report

Premise No. 205 PEARL STREET	Inspection Date: AS NOTED
Inspector Dennis Antzoulatos	Page <u>2</u> of <u>2</u>

SATURDAY SEPTEMBER 14 2002

THE CLEAN UP OF THE SETBACK WORK AREA IS COMPLETED. AIR SAMPLING WAS PERFORMED BY JOHN BOYD. AT THE COMPLETION OF THE CLEAN UP ACTIVITIES A VISUAL INSPECTION OF THE CLEANED WORK AREAS WAS CONDUCTED BY JOHN BOYD OF WARREN & PANZER. NO VISIBLE WTC DEBRIS WAS OBSERVED.

SUNDAY SEPTEMBER 15 2002

THE CLEAN UP OF THE EAST FACADE (PEARL ST) WAS CONDUCTED TODAY. THE FACADE CLEAN UP INVOLVED THE HEPA VACUUMING AND WET WIPING OF WINDOW SURFACES. A DECON TRUCK WAS UTILIZED. NO PLASTIC DYKE WAS CONSTRUCTED (NO WATER RUN OFF). AIR MONITORING FOR THIS PORTION OF THE CLEAN UP PROJECT WAS PERFORMED BY OCHOCHO ERHABOR (CERTIFICATE # AH 00-16198 EXP 12/02) OF WARREN & PANZER. UPON COMPLETION OF THE CLEAN UP ACTIVITIES I CONDUCTED A VISUAL OF THE CLEANED FACADE SURFACES AND I OBSERVED NO VISIBLE WTC DEBRIS. A BOOM TRUCK WAS USED TO ACCESS THE FACADE SURFACES. THE CLEAN UP PROJECT AT THIS PREMISE IS NOW COMPLETE.

PL



ATHENICA

ENVIRONMENTAL SERVICES INC.

Tel. (718) 794-7490
Fax. (718) 794-4835

AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

CLIENT: Warren & Panzer Engineers, P.C.

LABORATORY ID #: T02-09-057

ANALYT. METHODOLOGY: AHERA

FILTER TYPE: M.C.E.

AVERAGE G.O. AREA (mm²): 0.01771

PROJECT: NYC DEP, 205 Pearl Street

DATE OF REPORT: 09/16/02

DATE OF ANALYSIS: 09/16/02

EFFECTIVE FILTER AREA (mm²): 385

CLIENT #	LAB. ID #	LOCATION	VOLUME (l)	G.O.'s ANALYZED	AREA ANALYZED (mm ²)	ANALYT. SENSITIV. (struct./cm ³)	TOTAL ASBESTOS AIR CONC. (struct./cm ³)	TOTAL ASBESTOS FILTER CONC. (str./mm ²)	AIR CONC. FOR 0.5-5.0µm STRUCT.	AIR CONC. FOR 8-15.0µm STRUCT.	ASBEST. TYPE CHRYB.	AMPHIB. ASBEST. TYPE SPECIFY
01	T02-09-057-2350	205 Pearl Street North	1260	5	0.0689	0.0044	<0.0044	<14.52	NA	NA	NA	NA
02	T02-09-057-2351	205 Pearl Street South	1260	5	0.0689	0.0044	<0.0044	<14.52	NA	NA	NA	NA
03	T02-09-057-2352	205 Pearl Street Center	1260	5	0.0689	0.0044	<0.0044	<14.52	NA	NA	NA	NA
04	T02-09-057-2353	205 Pearl Street West	1260	5	0.0689	0.0044	<0.0044	<14.52	NA	NA	NA	NA
05	T02-09-057-2354	205 Pearl Street East	1260	5	0.0689	0.0044	<0.0044	<14.52	NA	NA	NA	NA

E. Sioukri

ANALYST
E. Sioukri

[Signature]

LABORATORY DIRECTOR
Spiro Dongaris

LABORATORY CERTIFICATION NUMBERS: NVLAP 101958, ELAP 10955

- Athenica Environmental Services Inc. (AES), is responsible only for information pertaining to samples taken by its employees.
- Air sampling cassettes will be stored for sixty (60) days. AES Inc., should be notified within this time frame for a true duplicate analysis.
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