

FIBER CONTROL, INC.

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

INVOICE

Revised 11/27/02

10/07/02

F1186

Date:

Inv. No.: 1

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 SITE: job sites listed below

REFERENCE

TERMS

YOUR #

OUR #

SALES REP

TEL: 718-595-3671

Upon Completion

CONTRACT ROF-REM1

F1186

PG

DESCRIPTION

UNIT
MEASURE

QUANTITY

UNIT PRICE

ITEM DISCOUNT

EXTENDED PRICE

**Exterior Cleanup
Address**

Asphalt Roof Unit Price**façade Unit Price****Gravel Roof Unit Price****Total**

112 Fulton Street

roof 2,100 sq ft @ 1.48
façade

2,250 sq ft @ 2.50

3,108.00 ✓
5,625.00

118 Chambers Street

roof 1,800 sq ft @ 1.48
façade

1,875 sq ft @ 2.50

2,664.00 ✓
4,687.50 ✓

43 Park Place

roof 2,700 sq ft @ 1.48
façade

2,250 sq ft @ 2.50

3,996.00 ✓
5,625.00 ✓

49-51 Warren Street

façade

3,750 sq ft @ 2.50

9,375.00 ✓

113 Nassau Street

roof 2,575 sq ft @ 1.48
façade

2,250 sq ft @ 2.50

3,811.00 ✓
5,625.00 ✓
44,516.50

L. Radman
12-10-02

WWW.ACTIONHAZMAT.COM

SUB TOTAL

TAX

TOTAL

\$ 44,516.50

0.00

\$ 44,516.50

NET TO PAY

E 181 WTC

ONLY
TYPEWRITTEN
FORMS MAY BE
USED

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 15964ND02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 43 PARK PLACE Borough N.Y. Zip 10007
AKA _____ 3. Block 126 4. Lot 8
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name KEY Park Place Corp 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address 65 Roosevelt Ave City Valley Stream State N.Y. Zip 11581

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, LLC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 10/3/02 Projected completion date 10/30/02

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

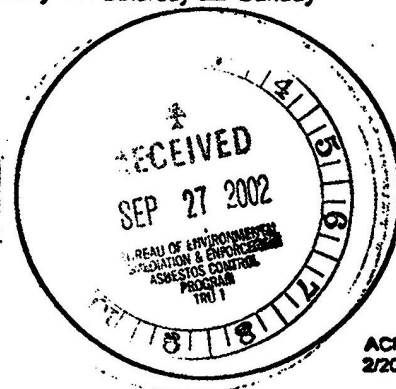
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

4950 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

BUREAU OF ENVIRONMENTAL
REGULATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
2001.7

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGANO 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

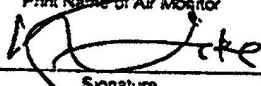
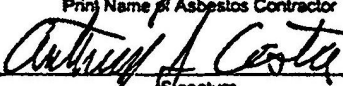
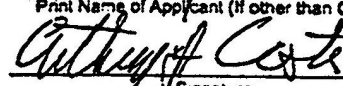
29. ABATEMENT PROCEDURE (Check all appropriate boxes)
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

Tell 15964402

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	
Facade			2250		
Roof (Asphalt)			2700		

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'GUINAKKE</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.

Alfonso Rumpore [Signature] 9/24/02
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.

ASBESTOS INSPECTION REPORT

PAGE 1 OF 1

EMISE NO.		STREET				INSPECTION DATE	
43		Park PLACE				10/1/02	
DOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #	
R/F	10007	1	126	8	1	AD10	
SPECTOR		BLDG TYPE	BASIS OF INSPECT.			PHOTOS TAKEN YES (NO)	
Plumbers			WTC SURVEY			YES (NO)	
CONTRACTORS NAME				SAMPLE NO.			
FIBER CONTROL							
ADDRESS				CITY			
3010 Burns Ave				WANTAGH			
STATE	ZIP	PHONE	SAMPLE NO.				
N.Y	11793	(516) 781-3000					
LABORATORY NAME				OWNERS NAME			
WARREN & PANZER ENGINEERS PC				Key Park Place Corp			
ADDRESS				CITY			
228 E. 45TH ST				N.Y			
STATE	ZIP	PHONE	ADDRESS		CITY		
N.Y	10017	(212) 922-0077	65 Roosevelt Ave		Valley Stream		
CONTACT PERSON:				STATE		ZIP	PHONE
				N.Y		11581	
INSPECTION DISCLOSED:				TIME OF INSPECTION FROM: 3:00 pm TO: 8:00 pm			

The roof and the facade was cleaned except the facade of the first floor area. The tenant who is the owner of Dakota Roadhouse requested that the Air Condition unit and the entire entrance be plasticized. The entire area was plasticized and the upper area facade and roof were cleaned.

No visible debris observed after the cleaning.

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS
		PL

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 309

FILE

10/03/2002 14:32 FAX

008/009



ATHENICA
ENVIRONMENTAL SERVICES INC.
Tel. (718) 794-7454
Fax. (718) 794-4285

CLIENT: Warren & Panzer Engineering, P.C.
LABORATORY ID #: T02-10-007
ANALYT. METHODOLOGY: AHERA
FILTER TYPE: M.C.E.
AVERAGE G.O. AREA (mm²): 0.013838

PROJECT: NYCDER, 43 Park Place
DATE OF REPORT: 10/02/02
DATE OF ANALYSIS: 10/02/02
EFFECTIVE FILTER AREA (mm²): 385

LABORATORY RESULTS

CLIENT #	LAB. ID	LOCATION	VOLUME (m)	G.O.'s ANALYZED	AREA ANALYZED (mm ²)	ANALYT. SENSITV. (microgram)	TOTAL ASBESTOS AIR CONC. (microgram)	TOTAL ASBESTOS FILTER CONC. (microgram)	AIR CONC. FOR STRUCT. 0.55S-4µm	AIR CONC. FOR STRUCT. 2.5S-4µm	ASBEST. TYPE CHYS.	AMPHIB. ASBEST. TYPE SPECIFY
01	T02-10-007-2715	East side of area	1470	4	0.0554	0.0047	<0.0047	<18.07	NA	NA	NA	NA
02	T02-10-007-2716	East side of area	1350	5	0.0692	0.0041	<0.0041	<14.45	NA	NA	NA	NA
03	T02-10-007-2717	Street perimeter	1350	5	0.0692	0.0041	<0.0041	<14.45	NA	NA	NA	NA
04	T02-10-007-2718	Street perimeter	1350	5	0.0692	0.0041	<0.0041	<14.45	NA	NA	NA	NA
05	T02-10-007-2719	West side of area	1470	4	0.0554	0.0047	<0.0047	<18.07	NA	NA	NA	NA

ANALYST
E. Sioukri

LABORATORY DIRECTOR
Spino Dongaris

LABORATORY CERTIFICATION NUMBERS: NVLAP 161958, ELAP 10955

- Athenica Environmental Services Inc. (AESI) is responsible only for information pertaining to samples taken by its employees.
- Air sampling cassettes will be stored for sixty (60) days. AESI Inc. should be notified within this time frame for a true duplicate analysis.
- If AESI 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 AESI Inc.
- The liability of Athenica Environmental Services Inc. with respect to the services charged, shall in no event exceed the amount of the invoice.

009/009

**228 East 45th Street
New York, NY 10017
(212) 922-5077
Fax (212) 922-0630**

WARREN & PANZER ENGINEERS, P. C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

24 hr⁺/a

12 hr⁺/a 6 hr⁺/a 3 hr⁺/a Immediate⁺/a

P.O.

PAGE **OF**

CLIENT: NYC-DEP

PROJECT: 'Roof & Facades'

LOCATION: 43 Park Plaza

W&P FILE #: 1079 01 02

LABORATORY: ATHERA

ANALYSIS METHOD: PCR

circle one 7400

TECHNICIAN: 1A. 7-22-66 -

CONTACT: PJ McLaughlin

[illegible]

COMMENTS:

762-10-007

DATE: ~~10~~ 01-02

SIGNATURE: John A. B. [Signature]

RELEASED BY: Q244

SIGNATURE: Q. J. [Signature]

RECEIVED BY: 65

SIGNATURE:

DATE: ~~10~~ 01-02

DATE: 10-01-02

DATE: 10/2/02

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