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**

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					3,108.00
	façade			2,250	sq ft @ 2.50			5,625.00
118 Chambers Street	roof	1,800	sq ft @ 1.48					2,664.00
	façade			1,875	sq ft @ 2.50			4,687.50
43 Park Place	roof	2,700	sq ft @ 1.48					3,996.00
	façade			2,250	sq ft @ 2.50			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					3,811.00
	façade			2,250	sq ft @ 2.50			5,625.00
								44,516.50

L. Radhun 12-10-02

WWW.ACTIONHAZMAT.COM

SUB TOTAL	$ 44,516.50
TAX	0.00
TOTAL	$ 44,516.50
NET TO PAY	

E 181 WTC

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

EMERGENCY

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 1596 4NO:
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 KET 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 Wantagh 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 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.

RECEIVED
SEP 27 2002
BUREAU OF ENVIRONMENTAL INVESTIGATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
TRU 1

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

49 50 Square Feet, and/or _____ Linear Feet

DEP BUREAU OF ENVIRONMENTAL INVESTIGATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM 8th fl

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGNO 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 TW1596HN02

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	AMOUNT OF ACM LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
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.

BOSUN OGUNNAIKE	ANTHONY COSTA	ANTHONY COSTA
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
06-03-02	6-3-02	6-3-02
Date	Date	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.

ALPHONSO PLUMPTON — Print Name of Owner

Signature

9/24/02 — 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.

ACP7 2/2001

PAGE 1 OF ____

ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET: 43 Park PLACE					INSPECTION DATE: 10/1/02
DOOR: RF	ZIP: 10007	BORO CODE: 1	BLOCK: 126	LOT: 8	SQUAD #: 1	BADGE #: AD10
INSPECTOR: [illegible] PLUMPTRE	BLDG TYPE	BASIS OF INSPECT.: WTC SURVEY				PHOTOS TAKEN: YES (NO)

CONTRACTORS NAME: FIBER CONTROL	SAMPLE NO.
ADDRESS: 3010 BURNS AVE CITY: WANTAGH	SAMPLE NO.
STATE: N.Y ZIP: 11793 PHONE: (516) 781-3000	SAMPLE NO.
LABORATORY NAME: WARREN & PANZER ENGINEERS, PC	OWNERS NAME: Key Park Place Corp
ADDRESS: 228 E. 45TH ST CITY: N.Y	ADDRESS: 65 Roosevelt Ave CITY: Valley Stream
STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077	STATE: N.Y ZIP: 11581 PHONE
CONTACT PERSON:	TIME OF INSPECTION FROM: 3 00 (am)/pm TO: 8 00 am/(pm)
INSPECTION DISCLOSED:	

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 Cleaing.

NOV #	INFRACTIONS	RESULT CODE: 5
NOV #		SUPERVISORS INITIALS: RL

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 30/9

FILE ____

ATHENICA
ENVIRONMENTAL SERVICES INC
Tel. (718) 784-7450
Fax. (718) 784-4085

AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

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

PROJECT: NYCDEP, 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 (lt)	G.O.'s ANALYZED	AREA ANALYZED (mm²)	ANALYT. SENSITIV. (struct./cm³)	TOTAL ASBESTOS AIR CONC. (struc./cm³)	TOTAL ASBESTOS FILTER CONC. (str./mm²)	AIR CONC. FOR STRUCT. 0.5≤S<5µm	AIR CONC. FOR STRUCT. S≥5.0µm	ASBEST. TYPE CHRYS.	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

E. Siouki

ANALYST
E. Siouki

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 free 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.

228 East 45th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-0030

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. ____

CLIENT: NYC-DEP
PROJECT: ROOF & FACADE
LOCATION: 43 PARK PLACE

W&P FILE #: 1079 01 02
LABORATORY: ATHENICA
ANALYSIS METHOD: PCM (circle one) / TEM 7400 / (TEM AHERA) / TEM EPA LEVEL II

CONTACT: PJ NOLAN

TECHNICIAN: [illegible]

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR. (fib./cc.)
01	EAST SIDE OF AREA.	3		7	7	5:00	8:10	210	1470	
02	EAST SIDE OF AREA.	3		10	10	5:02	7:38	135	1350	
03	STREET PERIMETER	3		10	10	5:04	7:29	135	1350	
04	STREET PERIMETER.	3		10	10	5:05	7:30	135	1350	
05	WEST SIDE OF AREA	3		7	7	5:07	8:14	210	1470	
06	FIELD BLANK	1	—							
07	FIELD BLANK	1								

COMMENTS:

T02-10-007

SAMPLE BY: J Burgos DATE: 10-01-02
SIGNATURE: [signature]
RELEASED BY: J Burgos DATE: 10-01-02
SIGNATURE: J Burgos
RECEIVED BY: G Sicalpin DATE: 10/2/02
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