BENJAMIN KURZBAN
& SON CONTROL, INC.
1248 Ralph Ave.
BROOKLYN, N.Y. 11236

(718) 531-2900

INVOICE

1170

DATE	ORDER NO.
7/11/02	

SHIP TO: Contract: ROF-REM 2

TO: Dept of Environmental Protection
59-17 Junction Blvd
Corona, NY 11373

	Registration # CT82620020015280				
	Pin# 82602WTCROOF2				
	For work completed AT 35 Ann St				
	8819 SF @ 2/SF				
	Total Amount Due this Invoice			$	17,638.00

ORIGINAL

Thank You!

E008WTC

EMERGENCY 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 NOTIFICATION
(ASBESTOS INSPECTION REPORT)

Thru 0821 Hwy
Building Dept. or TRU Job
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 35 Ann St Borough Manhattan Zip

AKA 104-108 Nassau St 3. Block 92 4. Lot 23

5. Type of Facility 6. Name of Building

II. BUILDING OWNER

7. Name Abacus Federal Savings Bank 8. Contact Person Elaine Yeung (212) 285-4770 x407

9. Tel. # (212) 285-4770 Fax # Joseph Cheung 212 732-8025 x120

10. Address City MNY? State Zip

III. GENERAL CONTRACTOR

11. Name Tel. #

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Benjamin Kurzban & Son Control 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 & Panza 18. Contact Person

19. Federal Employer ID. # PII 20. Tel. # (212) 922-0077 Fax # (212) 922-0630

21. Address 228 East 45th St 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 6/12/02 Projected completion date 7/12/02

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
JUN 07 2002
DEP BANHR ASBESTOS/LE PROGRAM TRUG 2

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

8819 ± Square Feet, and/or 0 Linear Feet

ACP 7
2/2001

35 ANN STREET

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 TR# 0821M402

30. **LOCATIONS OF ABATEMENT** ROOF MATERIAL : ROOF MEMBRANE

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 (LOWER ROOF)	1825		
LOWER ROOF		PARAPET LEDGE	TO		
"		PARAPET WALL	584		
"		ROOF SURFACE	1380		
		FACADE (UPPER ROOF)	1540		
UPPER ROOF		ROOF SURFACE	1584		
"		BULK HEAD	400		
"		DUCT WORK	304		
"		A/C UNITS (2)	800		
"		PARAPET WALL	332		

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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
WARREN T PANZER	B. KURZBAN & SON	
Signature	Signature	Signature
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.

Print Name of Owner	Signature	Date
	DEP	06/04/02

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

Asbestos Inspection Report

INITIAL

Premise No. 35 ANN STREET					Inspection Date: 06-18-02	
Floor ROOF	Zip	Borough 1	Block 92	Lot 23	Squad # N/A	Badge # A020

Inspector Dennis Antzoulatos	Building Type COMMERCIAL	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: 8:00 AM - 9:00 AM	

8:00AM I REQUEST AND I AM PRESENTED WITH VALID NYC DEP AND NYS DOL ASBESTOS HANDLER / SUPERVISOR CERTIFICATES FOR ALL WORKERS INVOLVED AT THE JOBSITE.

9:00 AM ALL AIR SAMPLES HAVE BEEN SET UP. FIVE AIR SAMPLES ARE RUN. LOCATIONS ARE AS FOLLOWS: 1@ REMOTE DECON UNIT (2ND FLOOR) 2 @ ADJ ROOF (45 ANN ST MID ROOF) AND 2 @ WINDOWS ON THE 3RD FL (JUST ABOVE THE WORK AREA). THE WARREN & PANZER REP ONSITE IS LARRY BAER. PUMP FLOW RATE IS 3 LITERS / MIN. WORKER WILL BE CONDUCTING CLEAN UP OF THE ROOF OF THE PREMISE.

Asbestos Inspection Report

PROGRESS REPORT

Premise No. 35 ANN STREET					Inspection Date: 06-19-02	
Floor ROOF	Zip	Borough 1	Block 92	Lot 23	Squad # N/A	Badge # A020

Inspector Dennis Antzoulatos	Building Type	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: 4^00 PM - 5^00 PM	

4:00PM I CONDUCT A VISUAL INSPECTION OF THE 35 ANN STREET ROOF
TO WORK AREA. ALL VISIBLE DEBRIS HAS BEEN REMOVED, WORK
5:00PM AREA PASSES THE VISUAL INSPECTION. THE FACADE CLEAN-UP
FOR THIS PREMISE IS SCHEDULED TO BEGIN ON 06-23-02.

Asbestos Inspection Report

FINAL

Premise No. 35 ANN STREET					Inspection Date: 06-23-02	
Floor ROOF	Zip	Borough 1	Block 92	Lot 23	Squad # N/A	Badge # A020

Inspector Dennis Antzoulatos	Building Type COMMERCIAL	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: 7:00 AM - 3:00 PM	

7:00AM I REQUEST AND I AM PRESENTED WITH VALID NYC DEP AND NYS DOL ASBESTOS HANDLER/SUPERVISOR CERTIFICATES FOR ALL WORKERS INVOLVED AT THE JOBSITE.

8:00AM WORKERS BEGIN SETTING UP OF PLASTIC DYKE TO COLLECT ANY RUN-OFF WATER FROM THE FACADE CLEAN UP OF THIS PREMISE.

8:35AM FILTRATION SYSTEM FOR THE RUN-OFF WATER IS IN PLACE.

9:25 AM - 10:15 AM WARREN & PANZER REPRESENTATIVE BEGINS AIR SAMPLING FOR THIS PROJECT. FOR THE PURPOSES OF AIR SAMPLING THE FACADE OF 35 ANN STREET AND 45 ANN STREET WILL BE CONSIDERED ONE WORK AREA. FIVE AIR SAMPLES COLLECTIVELY ARE RUN FOR THESE TWO WORK AREAS. LOCATIONS ARE AS FOLLOWS: 1 @ DECON UNIT, 2 ON THE SIDE WALK JUST OUTSIDE THE WORK AREA AND 2 ON THE ROOF OF 45 ANN (MID ROOF). W&P REP: LARRY BAER FLOW RATE: 3 LITERS/MIN.

12:00PM WORKERS HAVE COMPLETED THE FACADE CLEAN UP OF 35 ANN STREET. A VISUAL INSPECTION WILL BE CONDUCTED WHEN THE FACADE IS COMPLETELY DRY.

3:00PM I CONDUCT A VISUAL INSPECTION OF THE FACADE OF 35 ANN STREET. WORK AREA IS FOUND TO BE CLEAN. VISUAL INSPECTION IS PASSED. BOTH FACADE AND ROOF AREAS HAVE BEEN CLEANED. THE PROJECT IS NOW COMPLETED.

IESI NY CORPORATION

110 5th Street • Brooklyn, NY 11215
Phone: 718-522-2263 • Fax: 718-522-2697

MANIFEST

11104

DATE 6/24/02

GENERATOR — TRANSPORTER — WASTE SITE

1. Job Site Address	Owner's name	Wait and Load
35 Ann Street N Y New York, N.Y.	Dept of Environmental Protection	Time In _____ Time Out _____
2. Contractor's name and address Benjamin Kurzban & Son 1248 Ralph Avenue Brooklyn, NY 11236		Drop Date
3. Waste disposal site (WDS) name and address IESI Pa Blue Ridge Landfill Corporation P.O. Box 399 Scotland, Pa. 17254		WDS phone number Permit # 100934
4. Name and address responsible agency (Local, District or EPA Office where notification was sent) US EPA 290 Broadway, New York 10007		

5. Description of materials	6. VEH. LIC. #	7. TOTAL QUANTITY
(RQ) WASTE ASBESTOS 9, NA2212, III	TYPE	BAGS
	SIZE	2 CUBIC YARDS
8. Generator Certification		

9. CONTRACTOR CERTIFICATION: I hereby declare that the contents of this consignment are fully and accutately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international government regulations.

Printed/Typed Name	Title	Signature	Date (M/D/Y)
[illegible]			NJ 462

10. Transporter #1 (Acknowledgement of receipt of materials) IESI NY CORPORATION • 110 5th Street, Brooklyn, NY 11215			DEC Permit No. JA-462
S Antoine	DRIVER	[signature] IESI	6/24/02 NJ 462
Printed/Typed Name	Title	Signature	Date (M/D/Y)

11. Transporter #2 (Acknowledgement of receipt of materials)			DEC PERMIT #
[illegible]	[illegible]	[signature]	6/26/02
Printed/Typed Name	Title	Signature	Date (M/D/Y)

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item #12

Katrina K. Kirk	Gatekeeper	Katrina K. Kirk	6/26/02
Printed/Typed Name	Title	Signature	Date (M/D/Y)

WHITE:LANDFILL • GREEN:IESI • PINK:GENERATOR • YELLOW:CONTRACTOR • GOLD:JOB SITE