

FIBER CONTROL, INC.
 3010 BURNS AVENUE
 WANTAGH, NY 11793
 (516) 781-3000
 FAX (516) 781-3085

INVOICE

03/27/03 **F1373**
 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: 2 Southend Avenue
 New York, NY 10280**

REFERENCE	TERMS	YOUR #	OUR #	SALES REP
TEL: 718-595-3671	Upon Completion	CONTRACT ROF-REM1	F1373	PG

DESCRIPTION	UNIT MEASURE	QUANTITY	UNIT PRICE	EXTENDED PRICE
REFERENCE			ITEM DISCOUNT	
CLEAN GRAVEL ROOF		18,850 SQ FT @	2.98	56,173.00
		1,245 ST FT @	2.98	3,710.10
				<u>59,883.10</u>

R. Rader
 4-3-03

WWW.ACTIONHAZMAT.COM

SUB TOTAL	\$ 59,883.10
TAX	0.00
TOTAL	\$ 59,883.10
NET TO PAY	

E 245 WTC
EMERGENCY
 ONLY
 TYPEWRITTEN
 FORMS WILL BE
 ACCEPTED
DEP
 www.nyc.gov/dep

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-S107
ASBESTOS PROJECT NOTIFICATION
 (ASBESTOS INSPECTION REPORT)

TRU 329 MNO 3
 Building Dept. of 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 2 SOUTHEND AVENUE Borough N.Y. Zip 10280
 AKA _____ 3. Block _____ 4. Lot _____
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name THE COVE CLUB CONDOMINIUM 8. Contact Person _____
 9. Tel. # _____ Fax # _____
 10. Address 6 EAST 43RD ST City NY State N.Y. Zip 10017

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. # PII 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

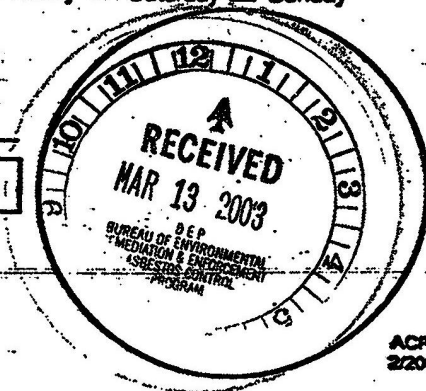
VI. PROJECT INFORMATION

24. Starting date for this portion of work 3/13/03 Projected completion date 3/31/03
 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

18,850 Square Feet, and/or _____ Linear Feet



ACP 7
 2/2001

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO 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

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	
<u>Roof</u>	<u>Crawl</u>		<u>18,850</u>		

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 OGUNNANKE</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (if other than Owner) <u>[Signature]</u> Signature <u>6-3-02</u> 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.

Alphonso Plimpton [Signature] 2/28/03
 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.