21

NYDEC 1A-371 NYDCA 483056

Asbestos Transportation Co., Inc.

P.O. BOX 1044
HAMPTON BAYS, N.Y. 11946

TOLL FREE
1-800-755-ØATC
"EMERGENCY NUMBER"

PHONE 631-924-5050
FAX 631-924-5085

Waste Manifest #	Job #	Floor or Location	Cust #
36349			122

1. Work Site Name and Mailing Address
49 BROADWAY
NEW YORK, N.Y.

Owner's Name, Address, Phone Number
D.E.P.
5817 JUNCTION BLVD.
CORONA, N.Y.

Contractor's Name, Address
TRIO
14-20 129TH STREET
COLLEGE POINT, NY

Waste Disposal Site
MEADOWFILL LANDFILL
RT. #2, BOX 68
BRIDGEPORT, WV 26330

Name and Address of Responsible NESHAPS Agency Other ☐

U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007

Description of Materials	Bags -	Cubic Yds. -
X **RQ Waste Asbestos, Class 9, NA2212, PGIII** ☐ **Other** _____	Drums or Tons -	OTHER -
☐ **RQ Waste White Asbestos, Class 9, UN2590, PGIII**		

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Special Handling Instructions and Additional Information

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately 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 _____ X Signature _____ Date (M/DD/YY) 6/15/02

Transporter 1 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: Steve Williamson Printed Name: Steve Williamson Title: **DRIVER**	**631-924-5050** Date 6/18/02

Transporter 2 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: _____ Printed Name: Carl Pitchner Title: **DRIVER**	**631-924-5050** Date 6-19-02

Discrepancy Indication Space:

	Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted)	
MEADOWFILL LANDFILL 1(304)842-2784	Signature: L Frank Printed Name: Title:	Telephone No. Date 6-19-02
Company Name and Address		

49 BROADWAY 31

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Waste Manifest #	Job #	Floor or Location	Cust #
36391D			122

1. Work Site Name and Mailing Address	Owner's Name, Address, Phone Number
25 TRINITY PL. NEW YORK, N.Y.	D.E.P. 5817 JUNCTION BLVD. CORONA, N.Y.
Contractor's Name, Address	**Waste Disposal Site**
TRIO 14-20 29TH STREET COLLEGE POINT, NY	MEADOWFILL LANDFILL RT. #2, BOX 68 BRIDGEPORT, WV. 26330

Name and Address of Responsible NESHAPS Agency Other ☐ _____

U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007

Description of Materials	Bags -	Cubic Yds. - 12
☐ RQ Waste Asbestos, Class 9, NA2212, PGIII ☐ Other _____	Drums or Tons -	OTHER -
☐ RQ Waste White Asbestos, Class 9, UN2590, PGIII		

Special Handling Instructions and Additional Information

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Printed/Typed Name	Title	Signature	Date (M/DD/YY)
JAN MCKENNA	SUPERVISOR X		6/18

Transporter 1 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: Printed Name: Richard Johnson Title: **DRIVER**	**631-924-5050** Date 6/18/02

Transporter 2 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: Printed Name: Title: **DRIVER**	**631-924-5050** Date 6-22-02

Discrepancy Indication Space:

Company Name and Address	Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted)	
MEADOWFILL LANDFILL 1(304)842-2784	Signature: Printed Name: Title:	Telephone No. Date 6-24-02

WTC Visual Survey Form

Premise Address: 49 Broadway

Block: **Lot:**	Residential ☐ Commercial ☐ Mix Use ☐ Other ☐ _____	**Name of Building:** Food Court.
# of Stories:	**AKA's:**	

Building Owner/Management: Telephone Number: ( )
Name: Stahl Real Estate. FAX: ( )

Address:

On Site Contact:
Name: Michael, Food Court Mgr. Telephone Number: (212) 425-5000

Building Owner Management Activities

Interior Survey Performed ☐ Yes ☐ No
Exterior Survey Performed ☐ Yes ☐ No
General Clean Up ☐ Yes ☐ No Locations: _____
ACM Clean Up ☐ Yes ☐ No Locations: _____
Air Monitoring ☐ Yes ☐ No Locations: _____

Copies of All Reports and Data Requested ☐ Yes

Visual Inspection Results:

Facade:

		Inspected	Debris		
North	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
South	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
East	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
West	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Facade Description: _____

Roof

Debris: ☐ No Visible /Fine Layer ☒ ½ to 1" ☐ > 1"
Description: _____

Setbacks N/A ☐

Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: ____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

Date: 3/23/2002 Inspection Team: Name: RAMNOHAN Agency: DEP.
Name: _____ Agency: _____

ENTERED