

NYDEC 1A-371

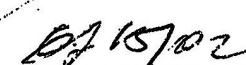
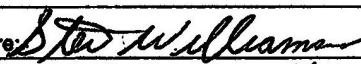
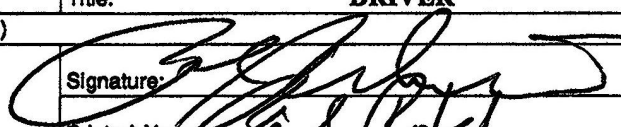
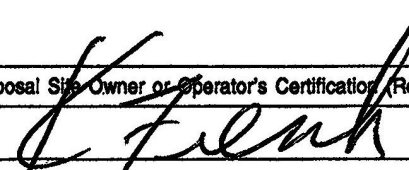
NYDCA 483056

Asbestos Transportation Co., Inc.

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

TOLL FREE
1-800-755-0ATC
"EMERGENCY NUMBER"

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

Waste Manifest # 36349	Job #	Floor or Location	Cust # 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 U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007			
Description of Materials		Bags -	Cubic Yds. - 20
☒ 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			
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 Signature Date (M/DD/YY)			
Transporter 1 (Acknowledgement of Receipt of Materials)			
Company Name and Address ASBESTOS TRANSPORTATION CO., INC. P.O. BOX 1044 HAMPTON BAYS, NY 11946		Signature:  Printed Name: Steve Williams Title: DRIVER	Telephone No. 631-924-5050 Date 06/15/02
Transporter 2 (Acknowledgement of Receipt of Materials)			
Company Name and Address ASBESTOS TRANSPORTATION CO., INC. P.O. BOX 1044 HAMPTON BAYS, NY 11946		Signature:  Printed Name: Steve Williams Title: DRIVER	Telephone No. 631-924-5050 Date 6-19-02
Discrepancy Indication Space:			
MEADOWFILL LANDFILL 1(304)842-2784		Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted)	
Company Name and Address		Signature:  Printed Name: Steve Williams Title: DRIVER	Telephone No. 631-924-5050 Date 6-19-02

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44 BROADWAY

NYDCA 483056

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Asbestos Transportation Co., Inc.

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"EMERGENCY NUMBER"

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

Waste Manifest # 36391D	Job #	Floor or Location	Cust # 122
1. Work Site Name and Mailing Address 25 TRINITY PL. NEW YORK, N.Y.		Owner's Name, Address, Phone Number D.E.P. 5817 JUNCTION BLVD. CORONA, N.Y.	
Contractor's Name, Address TRIC 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 U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007			
Description of Materials ☐ RQ Waste Asbestos, Class 9, NA2212, PGIII ☐ Other ☐ RQ Waste White Asbestos, Class 9, UN2590, PGIII		Bags -	Cubic Yds. - 12
Special Handling Instructions and Additional Information		Drums or Tons -	OTHER -
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. <u>JAN WICKMAN</u> <u>operator</u> <u>[Signature]</u> <u>6/18</u> Printed/Typed Name Title Signature Date (M/DD/YY)			
Transporter 1 (Acknowledgement of Receipt of Materials)			
Company Name and Address ASBESTOS TRANSPORTATION CO., INC. P.O. BOX 1044 HAMPTON BAYS, NY 11946		Signature: <u>[Signature]</u> Printed Name: <u>Richard Johnson</u> Title: DRIVER	Telephone No. 631-924-5050 Date <u>6/18/02</u>
Transporter 2 (Acknowledgement of Receipt of Materials)			
Company Name and Address ASBESTOS TRANSPORTATION CO., INC. P.O. BOX 1044 HAMPTON BAYS, NY 11946		Signature: <u>[Signature]</u> Printed Name: <u>[Signature]</u> Title: DRIVER	Telephone No. 631-924-5050 Date <u>6-22-02</u>
Discrepancy Indication Space:			
MEADOWFILL LANDFILL 1(304)842-2784		Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted)	
Company Name and Address		Signature: <u>[Signature]</u> Printed Name: <u>[Signature]</u> Title:	Telephone No. Date <u>6-22-02</u>

WTC Visual Survey Form

Premise Address: <u>49 Broadway</u>		
Block:	Residential ☐ Commercial ☐	Name of Building:
Lot:	Mix Use ☐ Other ☐	<u>Food Court</u>
# of Stories:	AKA's:	
Building Owner/Management:		Telephone Number: ()
Name: <u>Stahl Real Estate</u>		FAX: ()
Address:		
On Site Contact:		Telephone Number: (212) 425-5000
Name: <u>Michael, Food Court Mgr.</u>		
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:		
North ☐ N/A	Inspected ☐ Yes ☐ No	Debris ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1"
South ☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1"
East ☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1"
West ☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1"
Facade Description: _____		
Roof		
Debris: ☐ No Visible /Fine Layer ☒ 1/2 to 1" ☐ > 1"		
Description: _____		
Setbacks N/A ☐		
Floor: _____	Debris: ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1"	
Floor: _____	Debris: ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1"	
Floor: _____	Debris: ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1"	
Floor: _____	Debris: ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1"	
Floor: _____	Debris: ☐ No Visible/Fine Layer ☐ 1/2 to 1" ☐ > 1"	
Comments		

Date: 3/23/2002

Inspection Team: Name: RAMMOHAN Agency: DEP.
Name: _____ Agency: _____

ENTERED