

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

(718) 531-2900

INVOICE

1124

TO

Dept of Enviromental Protection

59-17 Junction Blvd

Corona, New York 11373

DATE 6/21/02	ORDER NO.
SHIP TO Re: ROF-REM2	

SALESPERSON	DATE INVOICE	SHIPPED VIA	DATE SHIPPED	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
>				Registration # CT 826 20020015280			
				PIN 82602WTCROOF2			
				Clean up work completed at 55 Ann St			
				4280 SF @ 2.00/SF			
				Total Amount due This Invoice			\$8,560.00 ✓

ORIGINAL

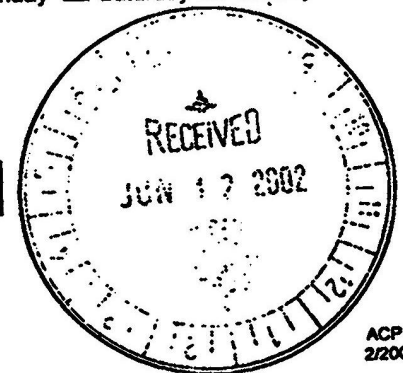
Thank You!

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/13/02Projected completion date 7/13/02Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ SundayShift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pmIf 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

4280 Square Feet, and/or 0 Linear FeetACP 7
2/2001

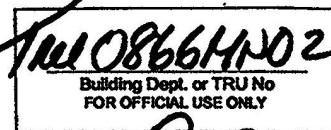
Handwritten: 5021 WIC



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

**ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)**



ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

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 55 Ann St Borough Manhattan Zip _____
AKA _____ 3. Block 92 4. Lot 13
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 55 Ann St Co c/o Schussel 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address _____ City _____ 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 6/13/02 Projected completion date 7/13/02

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.

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

4280 Square Feet, and/or 0 Linear Feet



ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263Disposal 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

30. LOCATIONS OF ABATEMENT

ROOF MATERIAL: ROOF MEMBRANE *TEL 08664421*

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	
Roof		Roof Surface	3000		
		BULKHEADS	800		
		PARAPET LEDGE	240		
		PARAPET WALL	240		

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>WARREN & PANZER</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>6/03/02</u> Date	<u>B KUNZBAN & SON</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6/03/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ 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] DEP _____
 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.

ACP7
2/2001

