

FIBER CONTROL, INC.

3010 BURNS AVENUE
WANTAGH, NY 11793
(516) 781-3000
FAX (516) 781-3085

INVOICE**Date:** 7/2/02**Inv. No.:** F1040**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 Plumtre
Deputy Lab Director Supervising I.H.

Job Locations
See Below

REFERENCE TERMS YOUR # OUR # SALES REP
F1040 PG

DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	EXTENDED PRICE
REFERENCE	MEASURE		ITEM DISCOUNT	

CONTRACT NO. ROF-REM1**Exterior Cleanup**

<u>Address</u>	<u>Facade</u>	<u>Roof</u>	<u>Unit Price</u>	<u>Total</u>
119 Chambers Street	1875 sq ft		@ \$2.50 per ft	4,687.50 ✓
110 Chambers Street	1080 sq ft		@ \$2.50 per ft	2,700.00 ✓
112 Chambers Street	1500 sq ft		@ \$2.50 per ft	3,750.00 ✓
112 Chambers Street		2050 sq ft	@ \$1.48 per ft	3,034.00 ✓
114 Chambers Street	1500 sq ft		@ \$2.50 per ft	3,750.00 ✓
105-107 Reade	3978 sq ft		@ \$2.50 per ft	9,945.00 ✓
109 Reade	1875 sq ft		@ \$2.50 per ft	4,687.50 ✓

SUB TOTAL	32,554.00
TAX	
TOTAL	

NET TO PAY	32,554.00
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FIBER CONTROL, INC.

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WANTAGH, NY 11793
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SUB TOTAL
TAX
TOTAL

32,554.00

NET TO PAY

32,554.00

E045WTC

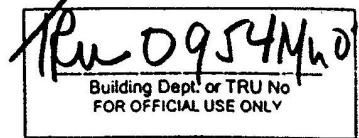


NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



ONLY
TYPEWRITTEN
FORMS

EMERGENCY

1. NYC 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 114 CHAMBERS STREET Borough N.Y Zip 10007
AKA 112 CHAMBERS STREET 3. Block 136 4. Lot 25
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name SI JIEI MEI INC 8. Contact Person Prince MA
9. Tel. # (212) 267-1184 Fax # _____
10. Address 61 BOWERY ST City N.Y State NY Zip 10013

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. # _____ 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, LLC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/29/02 Projected completion date 8/31/02

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

1500 Square Feet, and/or _____ Linear Feet



ACP:
2/200

NYC
DEPARTMENT OF ENVIRONMENTAL
PROTECTION
ASBESTOS CONTROL
PROGRAM
FORM 2

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGANO 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

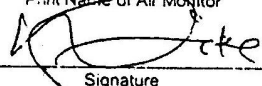
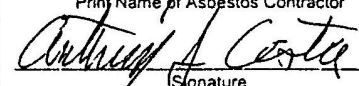
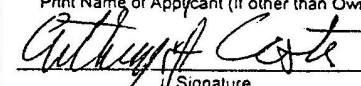
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ 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 SQUARE FEET LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
<u>FACADE ONLY</u>			<u>1500</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 OGUINAKI</u> Print Name of Air Monitor  Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor  Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner)  Signature <u>6-3-02</u> Date
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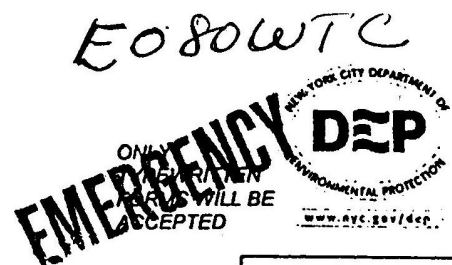
32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized the filing of this notification for the work specified herein.

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.



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1014M402
Building Dept. or TRU No.
FOR OFFICIAL USE ONLY
1. NYCDEP
(See fee schedule)

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I. FACILITY

2. Address 112 CHAMBERS STREET Borough N.Y Zip 10007
AKA 114 Chambers Street 3. Block 136 4. Lot 25
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7. Name SI JIE MIE INC 8. Contact Person _____
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10. Address 114 Chambers St City NY State N.Y Zip 10007

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V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN
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22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/29/02 Projected completion date 7/29/02
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

3550 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

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29. ABATEMENT PROCEDURE (Check all appropriate boxes)

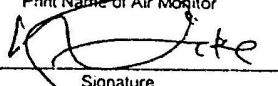
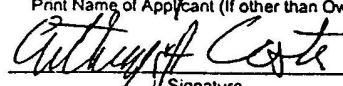
- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

TRU 10/14/02

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	(ASPHALT)		2050		
Forside			1500		

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 OGURNIAKE</u> Print Name of Air Monitor  Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor  Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner)  Signature <u>6-3-02</u> Date
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A.P. Anthony Costa _____
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.

ATC Associates

104 East 25 Street, New York, NY 10010

Phone: (212) 353-8280 Fax: (212) 353-8306



Attn: Mr. Fabio Pedone

Warren & Panzer Engineers, P.C.

228 E. 45th Street

New York NY 10017

Fax: (212) 922-0630

Phone: (212) 922-0077

Project: NYC-DEP W & P File #: 1079.01.02

114 Camber Street

Received: 7/1/02

8:00:00 AM

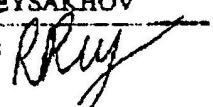
ATC Group #: 8362

Analysis Date: 7/1/02

**Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed
by EPA 40 CFR Part 763 Final Rule (AHERA)**

Sample	Volume	Area Analyzed	Non Asb	Asbestos Type(s)	# Structures		Analytical Sensitivity (S/cc)	Asbestos Concentration		Notes
					0.5µ-5	5µ		(S/mm ³)	(S/cc)	
01 8362 -1	1350.00	0.0674	0	None Detected	0	0	0.0042	<14.83	<0.0042	
02 8362 -2	1350.00	0.0674	0	None Detected	0	0	0.0042	<14.83	<0.0042	
03 8362 -3	1680.00	0.0562	0	None Detected	0	0	0.0041	<17.79	<0.0041	
04 8362 -4	1680.00	0.0562	0	None Detected	0	0	0.0041	<17.79	<0.0041	
05 8362 -5	1680.00	0.0562	0	None Detected	0	0	0.0041	<17.79	<0.0041	

ROMAN PEYSAKHOV

Analyzed by: 

MICHAEL A. GORYCKI, Ph.D.

Approved by:

Disclaimer: The laboratory is not responsible for data reported in structures/cc, which is dependent on volume collected by non-laboratory personnel. This lab is only responsible for data reported in structures/mm³. This report may not be reproduced, except in full, without written approval by ATC Associates Inc. This report may not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. This report relates only to the samples reported above. Quality control data (including 95% confidence limits and laboratory and analysis accuracy and precision) is available upon request.

Accredited for NVLAP PLM/TEM #101187-5, NY State ELAP #10879

2

Page 1 of 1



ATC Associates Inc.

104 East 25 Street

New York, NY 10010

TEL: (212) 353-8280 FAX: (212) 353-8306

FACSIMILE TELECOPY TRANSMISSION

To: Mr. Fabio Pedone
Warren & Panzer Engineers, P.C.

From: ROMAN PEYSAKHOV

Fax #: (212) 922-0630

ATC Group #: 8362

Date: Monday, July 01, 2002

Client Project: NYC-DEP W & P File #: 1079.01.02
114 Canbar Street

Time: 1:12:44 PM

Comments:

Number of Pages: 3
(including cover page)

Leonard / Krish

66 Total Pages.

ASBESTOS INSPECTION REPORT

PAGE 1 OF

PREMISE NO.		STREET				INSPECTION DATE	
112		Chambers Street				6/29 and 7/5/02	
FLOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #	
R/F	10007	1	136	25	1	AD10	
INSPECTOR		BLDG TYPE	BASIS OF INSPECT.			PHOTOS TAKEN YES / NO	
ALPHONSO PLUMPTRE			TRUO1014MNO2				
CONTRACTORS NAME					SAMPLE NO.		
FIBER CONTROL							
ADDRESS					SAMPLE NO.		
2010 BURNS AVE							
CITY					SAMPLE NO.		
WANTACH							
STATE	ZIP	PHONE	SAMPLE NO.				
N.Y	11793	(516) 781-3000					
LABORATORY NAME					OWNERS NAME		
WARREN & PAWEER ENGINEERS, PC					S I J E MIE INC		
ADDRESS					ADDRESS		
228 E. 45TH ST					CITY		
CITY					CITY		
N.Y							
STATE	ZIP	PHONE	STATE				
N.Y	10017	(212) 922-0077	ZIP				
CONTACT PERSON:					TIME OF INSPECTION FROM: TO:		
					1:00 am/pm TO: 2:00 am/pm		
INSPECTION DISCLOSED:							
The Cleanup of the facade was done after a Complaint from a tenant MS. Susan Frecos. Immediately we cleaned the facade which is next to 114 Chambers St of the same owner. The roof was cleaned on 7/5/02 but still remaining the materials on 2nd floor landing in which the owner of the apartment promised to give us access but unfortunately he wasn't home.							

NOV #	INFRACTIONS					RESULT CODE
						2
NOV #	SUPERVISORS INITIALS					
						

BORO 1 - MANHATTAN 2 - BRONX 3 - BROOKLYN 4 - QUEENS 5 - RICHMOND

BLDG TYPE A > 6 Stories B < 6 Stories C Single Family
D School E Hospital F Public Owned Property

RESULT CODES 1 - Violation Issued 2 - No Violations Issued 3 - No Access
4 - Project not Started (No NOV) 5 - Project Completed (No NOV)

ACP 30/93

FILE

TOTAL FEET: 1500 0

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS INSPECTION REPORT

Basis of Inspection:

TRU0954MN02

FEE EXEMPT: Yes

1. \$0.00

☐ VarianceONLY TYPEWRITTEN
APPLICATIONS WILL BE
ACCEPTED

NOTE: ASBESTOS INSPECTION REPORT SHALL BE SUBMITTED
TO NYC DEP NOT LESS THAN ONE WEEK IN ADVANCE
OF START OF THE WORK (ABATEMENT ACTIVITIES)

START DATE: 6/29/02

PROJ. COMPLETION DATE: 8/31/02

I. FACILITY

ADDRESS: 114 CHAMBERS STREET BORO: MANHATTAN ZIP: 10007
TYPE OFFACILITY: BLOCK: 136 LOT: 25

II. BUILDING OWNER

NAME: SI JEI MEI INC Contact: prince ma
TEL #: (212) 267-1184
ADDRESS: 61 bowery street CITY: ny STATE: ny ZIP: 10013

IV. ASBESTOS ABATEMENT CONTRACTOR

NAME: FIBER CONTROL INC.
TEL #: (516) 781-3000 FEDERAL EMPLOYER IDENTIFICATION #: PII
ADDRESS: 3010 BURNS AVE CITY: WANTAGH STATE: NY ZIP: 11793

VI. LABORATORY FOR SAMPLE ANALYSIS

NAME: SCIENTIFIC LABORATORIES INC - NEW YORK CI
NYS ELAP #: 11480

ASBESTOS WORK SCHEDULE ☐ DAY ☐ EVENING ☐ NIGHT ☐ WEEKENDS ☐ WEEKDAYS

INSPECTOR NAME: Alphonso plimpton SQUAD #: 1 BADGE #: A010
DATE OF INSPECTION: 6/29/02 TIME OF INSPECTION: From: 5:00 AM ☒ PM ☐
To: 12:40 AM ☐ PM ☒
Contact at site: prince ma

Inspection disclosed that the following sections were complied with: (Check all that apply)

☐ 1-51 - Notifications, Reports, Pla	☐ 1-71 - Air Sampling and Monitorin	☐ 1-91 - Worker Protection
☐ 1-101 - Materials and Equipment	☐ 1-116 - Work Place Preparation	☐ 1-117 - Worker Decontamination System
☐ 1-118 - Waste Decontamination System	☐ 1-126 - Engineering Controls	☐ 1-127 - Entry/Exit Procedures
☐ 1-129 - Maintenance of Barriers	☐ 1-138 - Encapsulation	☐ 1-139 - Enclosure
☐ 1-140 - Glovebag	☐ 1-141 - Tent	☐ 1-137 - ACM Disturbance, RemoveL, Handling
☐ 1-146 - Preliminary Clean-up	☐ 1-147 - Final Clean-up	

☐ Project not started . Inspection
revealed all ACM to be intact. New start date: / /
☐ Project ongoing, expected completion date: / /
☐ Project completed on or about / / . All surfaces, including abated surfaces are free of visible ACM and encapsulat
Follow up necessary on / /

Samples taken: ☐ No ☐ Yes 1 2 3
4 5 6 Photos taken: ☐ Yes ☐ No

Additional comments: The Cleanup of the facade was completed and no visible debris observed after the cleanup. Later on the tenant at 112 Chambers St complained about her building roof and facade which dirty. Immediately we cleaned the facade since its the next building to 114 Chambers St. The Complainant is Mr. Susan Frelon

BORO 1 = MANHATTAN 2 = BRONX 3 = BROOKLYN 4 = QUEENS 5 = STATEN ISLAND

RESULT CODES 1 = VIOLATION ISSUED 2 = NO VIOLATION ISSUED 3 = NO ACCESS

4 = PROJECT NOT STARTED (NO NOV) 5 = PROJECT COMPLETED (NO NOV)

RESULT CODE

5
SUPERVISOR INITIALS

ATC Associates

104 East 25 Street, New York, NY 10010

Phone: (212) 353-8280 Fax: (212) 353-8306



Attn: Mr. Fabio Pedone
 Warren & Parzner Engineers, P.C.
 228 E. 45th Street
 New York NY 10017

Received: 7/5/02 1:00:00 PM
 ATC Group #: 8402
 Analysis Date: 7/6/02

Fax: (212) 922-0630 Phone: (212) 922-0077

Project: NYC-DEP W & P File # 1079.01.02
 112 Chambers, Roof Cleanup

**Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed
 by EPA 40 CFR Part 763 Final Rule (AHERA)**

Sample	Volume	Area Analyzed	Non Asb	Asbestos Type(s)	# Structures 0.5µ-5 µ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm ³)	(S/cc)	Notes
001A 8402 -1	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044
002A 8402 -2	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044
003A 8402 -3	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044
004A 8402 -4	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044
005A 8402 -5	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044

MARK PEYSAKHOV

Analyzed by:

MICHAEL A. GORYCKI, Ph.D.

Approved by:

Disclaimer: The laboratory is not responsible for data reported in structures/cc, which is dependent on volume collected by non-laboratory personnel. This lab is only responsible for data reported in structures/mm³. This report may not be reproduced, except in full, without written approval by ATC Associates Inc. This report may not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. This report relates only to the samples reported above. Quality control data (including 95% confidence limits and laboratory and analysis accuracy and precision) is available upon request.

Accredited for NVLAP PLWTEM #101167-0, NY State ELAP #10879

228 East 45th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-0030

WARREN & PANZER ENGINEERS, P.C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

PAGE 1 OF 1

P.O.

24 hr+/a 12 hr+/a 6 hr+/a 3 hr+/a Immediate +/a

W&P FILE #: 10790102

CONTACT: Mike Nole

LABORATORY: ATC

LLW#:

ANALYSIS METHOD: PGM TEM AHERA EPA LEVEL II

SCA JOB#:

CLIENT: NYC-DEP
PROJECT: Roof Cleaning
LOCATION: 112 Chambers

TECHNICIAN: N. Wells

circle one

7400

TEM

TEM

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR. (lb./cc.)
001A	Entrance to roof	3		10	10	08:20	10:30	130	1300	
002A	Secondary landing on stairs	3		10	10	08:20	10:31	130	1300	
003A	Back area 2 roof	3		10	10	08:27	10:33	130	1300	
004A	Right side of roof	3		10	10	08:23	10:33	130	1300	
005A	Left side of roof	3		10	10	08:24	10:34	130	1300	
006	Field Blank									
007	Field Blank									
008	Sealed Blank									

COMMENTS:

SAMPLE BY: N. Wells	DATE: 7/5
SIGNATURE: [Signature]	DATE:
RELEASED BY:	DATE:
SIGNATURE: ATC	DATE: 7/5/02
RECEIVED BY: [Signature]	DATE: 13:00
SIGNATURE:	

SAMPLE TYPE CODES			
1 - Blank	5 - Final Clearance (inside)		
2 - Pre-Abatement	6 - Final Clearance (outside)		
3 - During Abatement	7 - Personal		
4 - During Glove Bag Removal	8 - Background		

SEE REVERSE SIDE FOR ANALYSIS INFORMATION



ATC Associates Inc.

104 East 25 Street
New York, NY 10010

TEL: (212) 353-8280 FAX: (212) 353-8306

FACSIMILE TELECOPY TRANSMISSION

To: Mr. Fabio Pedone
Warren & Panzer Engineers, P.C.

From: MARK PEYSAKHOV

ATC Group #: 8402

Fax #: (212) 922-0630

Client Project: NYC-DEP W & P File # 1079.01.02
112 Chambers, Roof Cleanup

Date: Saturday, July 06, 2002

Time: 10:16:34 AM

Comments:

Number of Pages: 3
(including cover page)

4



WASTE MANAGEMENT

LOGANO

P.O. Box 144 • Portland, CT 06480
 (860) 342-0667 • Fax: (860) 342-4866
 Out of State 1-800-272-3867

E.P.A. AGENCY

CT, MA, RI, VT, NH, ME
 GENERATORS

EPA New England
 1 Congress Street
 Boston, MA 02114-2023
 (617) 918-1111

NY GENERATORS

EPA Region 2
 290 Broadway, 26th Floor
 New York, NY 10007-1866
 (212) 264-6770

#99 49024

EMERGENCY RESPONSE
 TELEPHONE
 #1-800-272-3867

FB# 17536 ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number _____ P.O. # _____
 Contractor **FIBER CONTROL INC.**
 Address **3010 BURNS AVENUE**
 City **WANTAGH** State **NY** Zip **11793**
 Telephone Number **(516) 781-3000**
 Date Container Del. **06/26/02** Date of Pickup **07/25/02**
 Type of Container **100 YARD**
VOLUME 114 CY Friable ☒ Non-Friable ☐
 Bag ☒ Drum ☐ Wrapped ☐ Other ☐

GENERATOR/BUILDING OWNER

SI JIE ME INC
 Address **114 CHAMBERS STREET**
 City **NEW YORK, NY** State **NY** Zip **10007**
 Phone Number _____

GENERATING LOCATION

112 CHAMBERS STREET
 Address **112 CHAMBERS STREET**
 City **NEW YORK, NY** State **NY** Zip **10007**
 Phone Number **INV #: F1040**

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE

Transporter 1: FIBER CONTROL INC.
 Name **TONY COSTA** Address **3010 BURNS AVENUE WANTAGH, NY 11793** Telephone # **516-781-3000**
 Driver: _____ Registration #: **NY 480 139 AR** Date: **07/24/02**
 Signature _____ State / # _____

Acknowledgement of receipt of materials.

Transporter 2: Waste Management N.E.E.T., Inc., PO Box 144, Portland, CT 06480 1-800-272-3867

Driver: _____ Registration #: **0930111** Date: **7/25/02**
 Signature _____ State / # _____

Acknowledgement of receipt of materials.

TEMPORARY STORAGE / TRANSFER FACILITY: WASTE MANAGEMENT N.E.E.T., INC. • 203 PICKERING STREET • PORTLAND, CT 0648
PHONE: (800) 272-3867 PERMIT # SW 1130223

Received By: **N/A** Date: _____

Certification of receipt of materials covered by this manifest.

Transporter 3:

Name **N/A** Address _____ Telephone # _____
 Driver: _____ Registration #: _____ Date: _____
 Signature _____ State / # _____

Acknowledgement of receipt of materials.

Landfill Name: **Southern Ashland** Phone No: **824 479 2537**

Location: **115928** Permit **100081/02/02/06/2845**

Approximate Volume of Asbestos Received: **44 CY**

Discrepancy If Any: _____

Received by: **Michael Hall** Date: **7-26-02**

Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR



WASTE MANAGEMENT

LOGANO

P.O. Box 144 • Portland, CT 06480
(860) 342-0667 • Fax: (860) 342-4866
Out of State 1-800-272-3867

E.P.A. AGENCY

CT, MA, RI, VT, NH, ME
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NY GENERATORS

EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 264-6770

#99 48739

EMERGENCY RESPONSE
TELEPHONE
#1-800-272-3867

FB# 7536 ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number _____ P.O. # _____
Contractor **FIBER CONTROL INC.**
Address **3010 BURNS AVENUE**
City **WANTAGH** State **NY** Zip **11793**
Telephone Number **(516) 781-3000**
Date Container Del. **06/26/02** Date of Pickup **07/25/02**
Type of Container **100 YARD**
VOLUME **1/16** CY Friable ☒ Non-Friable ☐
Bag ☒ Drum ☐ Wrapped ☐ Other ☐

GENERATOR/BUILDING OWNER

SI JIE MIE INC
Address **61 BOWERY STREET**
City **NEW YORK, NY** State **NY** Zip **10013**
Phone Number _____

GENERATING LOCATION

Address **114 CHAMBERS STREET**
City **NEW YORK, NY** State **NY** Zip **10007**
Phone Number **INV #: F1040**

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE

Transporter 1: **FIBER CONTROL INC.** **3010 BURNS AVENUE WANTAGH, NY 11793** **516-781-3000**
Driver: Gony Costa Name _____ Address _____ Telephone # _____
Signature _____ Registration #: **NY 480 139 AR** Date: **07/24/02**
State / # _____

Acknowledgement of receipt of materials.

Transporter 2: **Waste Management N.E.E.T., Inc., PO Box 144, Portland, CT 06480 1-800-272-3867**

Driver: _____ Signature _____ Registration #: **0930111 me** Date: **7/23/02**
State / # _____

Acknowledgement of receipt of materials.

TEMPORARY STORAGE / TRANSFER FACILITY: **WASTE MANAGEMENT N.E.E.T., INC. • 203 PICKERING STREET • PORTLAND, CT 06480**
PHONE: (800) 272-3867 PERMIT # SW 1130223

Received By: **N/A** Date: _____

Certification of receipt of materials covered by this manifest.

Transporter 3: _____ Name **N/A** Address _____ Telephone # _____
Driver: _____ Signature _____ Registration #: _____ Date: _____
State / # _____

Acknowledgement of receipt of materials.

Landfill Name: **South Shore Landfills** Phone No: **814 479 2537**

Location: **Andersonville PA 15922** Permit #: **100251/07/003/1960714/2824**

Approximate Volume of Asbestos Received: **1/16 CY**

Discrepancy If Any: _____

Received by: **Muhau Maw** Date: **7-26-02**

Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR