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 Plumptre
Deputy Lab Director Supervising I.H.

Job Locations
See Below

REFERENCE	TERMS	YOUR #	OUR #	SALES REP
			F1040	PG

CONTRACT NO. ROF-REM1
Exterior Cleanup

Address	Façade	Roof	Unit Price	Total
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

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

Date: 7/2/02 **Inv. No.:** F1040
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SUB TOTAL	32,554.00
TAX	
TOTAL	
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

1Rw 0954M40
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

EMERGENCY

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1. NYCDEP (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 JEI 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 WANTAGH 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, INC 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.

RECEIVED
JUN 24 2002
P/BANHM
STOS/LEA:
OGRAM
HUG

25. Total amount of asbestos-containing material to be abated during this work
1500 Square Feet, and/or _____ Linear Feet

DEP BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM

ACP 7
2/200

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	AMOUNT OF ACM LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
FACADE ONLY			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.

BOSUN OGUNNAIKE	ANTHONY COSTA	ANTHONY COSTA
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
06-03-02	6-3-02	6-3-02
Date	Date	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	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

E080WTC

EMERGENCY — ONLY HAZARDOUS WORKS WILL BE ACCEPTED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU 1014M402
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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

II. BUILDING OWNER

7. Name SI JIE MIE INC 8. Contact Person _____
9. Tel. # (212) 267-1184 Fax # _____
10. Address 114 Chambers St City NY State N.Y Zip 10007

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 WANTAGH 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, 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

RECEIVED
JUL 01 2002
DEP/BANHM
ASBESTOS/LEAD
PROGRAM
TRUG
2

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)

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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 TRU 1014 HUDS

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	AMOUNT OF ACM LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
Roof	(ASPHALT)		2050		
Facade			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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
BOSUN GUNNARE	ANTHONY COSTA	ANTHONY COSTA
Signature	Signature	Signature
06-03-02	6-3-02	6-3-02
Date	Date	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	Date
A. P		

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

ATC Associates
104 East 25 Street, New York, NY 10010
Phone: (212) 353-8280 Fax: (212) 353-8306

Attn: Mr. Fabio Pedonc
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 0.5µ-5	# Structures 5µ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm²)	Asbestos Concentration (S/cc)	Notes
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: RPey

MICHAEL A. GORYCKI, Ph.D.
Approved by:

Accredited for NVLAP PLM/TEM #101187-0, NY State ELAP #10879

2

228 East 45th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-0630

WARREN & PANZER ENGINEERS, P. C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

P.O. _____

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

W&P FILE #: 1079-01-02

CLIENT: NYC DEP

LABORATORY: ATC

CONTACT: _____

PROJECT: 114 CHAMBER ST

ANALYSIS METHOD: PCM (TEM) TEM
circle one 7400 AHERA EPA LEVEL II

LOCATION: FACADE

TECHNICIAN: R. FERNANDEZ

8362

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR (f/b./cc.)
01	MIDDLE OF BLDG	3		9.0	9.0	0500	0730	150	1350	
02	(L) SIDE OF BLDG	3		9.0	9.0	0730	1060	150	1350	
03	(R) SIDE OF BLDG	3		7.0	7.0	0505	0905	240	1680	
04	TELEPHONE BOOTH (NYC PUBLIC	3		7.0	7.0	0510	0910	"	"	
05	NO STANDING SIGN	3		7.0	7.0	0515	0915	240	1680	

COMMENTS:

SAMPLE BY: R. FERNANDEZ DATE: 6.29.02

SIGNATURE: _____

RELEASED BY: _____ DATE: _____

SIGNATURE: _____

RECEIVED BY: HTC DATE: 7/1/02

SIGNATURE: _____ 8am

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:**	ROMAN PEYSAKHOV
		ATC Group #:	8362
Fax #:	(212) 922-0630	**Client Project:**	NYC-DEP W & P File #: 1079.01.02 114 Camber Street
Date:	Monday, July 01, 2002		
Time:	1:12:44 PM		
Comments:		**Number of Pages:**	3 (including cover page)

Leonard / Krish

66 Total Pages.

1

ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET: 112 Chambers Street					INSPECTION DATE: 6/29 and 7/5/02
FLOOR: R/F	ZIP: 10007	BORO CODE: 1	BLOCK: 136	LOT: 25	SQUAD #: 1	BADGE #: AD10
INSPECTOR: ALPHONSO PLUMPTR	BLDG TYPE	BASIS OF INSPECT.: TRU01014M102				PHOTOS TAKEN YES / NO

CONTRACTORS NAME: FIBER CONTROL	SAMPLE NO.
ADDRESS: 3010 BURNS AVE CITY: WANTAGH	SAMPLE NO.
STATE: N.Y ZIP: 11793 PHONE: (516) 781-3000	SAMPLE NO.
LABORATORY NAME: WARREN & PANZER ENGINEERS, PC	OWNERS NAME: SIJIE MIE INC
ADDRESS: 338 E. 45TH ST CITY: N.Y	ADDRESS CITY
STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077	STATE ZIP PHONE: (212) 367-1184
CONTACT PERSON:	TIME OF INSPECTION FROM: 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

☐ Variance

ONLY 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 plumptre SQUAD #: 1 BADGE #: A010

DATE OF INSPECTION: 6 / 29 / 01 TIME OF INSPECTION: From: 500 AM ☒ PM ☐

To: 1240 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 nexet building to 114 Chambers st. The Complainant is Ms. Susans Frecon

BORO 1 = MANHATTAN 2 = BRONX 3 = BROOOKLYN 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 & 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
112 Chambers, Roof Cleanup

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

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 0.5µ-5	# Structures 5µ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm²)	Asbestos Concentration (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:

Accredited for NVLAP PLM/TEM #101187-0, NY State ELAP #10879

228 East 45th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-9630

WARREN & PANZER ENGINEERS, P. C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

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

P.O. _____

W&P FILE #: 1079.01.02

CONTACT: Mike Nolan

CLIENT: NYC-DEP

LABORATORY: ATC

LLW#:

PROJECT: Roof Cleanup

ANALYSIS METHOD: PCM (circle one) TEM AHERA TEM EPA LEVEL II

SCA JOB#:

LOCATION: 112 Chambers 8402

TECHNICIAN: N. Wells

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR. (fib./cc.)
001A	Entrance to roof	3		10	10	0820	1030	130	1300	
002A	Secondary ladder on stairs	3		10	10	0821	1031	130	1300	
003A	Center area of roof	3		10	10	0822	1032	130	1300	
004A	Right side of roof	3		10	10	0823	1033	130	1300	
005A	Left side of roof	3		10	10	0824	1034	130	1300	
006	Field Blank									
007	Field Blank									
008	Sealed Blank									

COMMENTS:

SAMPLE BY: N. Wells DATE: 7/5

SIGNATURE: N Wells

RELEASED BY: _____ DATE: _____

SIGNATURE: _____

RECEIVED BY: ATC DATE: 7/5/02

SIGNATURE: _____ 13:00

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.

Fax #: (212) 922-0630

Date: Saturday, July 06, 2002

Time: 10:16:34 AM

Comments:

From: MARK PEYSAKHOV

ATC Group #: 8402

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

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# 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 1/4 CY Friable [x] Non-Friable [ ]
Bag [x] Drum [ ] Wrapped [ ] Other [ ]

GENERATOR/BUILDING OWNER
SI JIE ME INC
Address 114 CHAMBERS STREET
City State Zip NEW YORK, NY 10007
Phone Number

GENERATING LOCATION
Address 112 CHAMBERS STREET
City State Zip NEW YORK, NY 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 R. Pantony

Transporter 1: FIBER CONTROL INC. (Name) 3010 BURNS AVENUE WANTAGH, NY 11793 (Address) 516-781-3000 (Telephone #)
Driver: Tony Costa (Signature) Registration #: NY 480 139 AR (State / #) Date: 07/24/02
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] (Signature) Registration #: 0930111 [illegible] (State / #) Date: 7/25/02
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) (Address) (Telephone #)
Driver: N/A (Signature) Registration #: (State / #) Date:
Acknowledgement of receipt of materials.

Landfill Name: Southern Alleghenies Phone No: 8144792537
Location: Davidsville PA 15928 Permit #100081/ct/008/960716/2845
Approximate Volume of Asbestos Received: 1/4 Cy
Discrepancy If Any:
Received by: Michael Mar 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 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 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 ☐

NA2212 PG III

GENERATOR/BUILDING OWNER

SI JIE MIE INC

Address 61 BOWERY STREET

City State Zip NEW YORK, NY 10013

Phone Number

GENERATING LOCATION

Address ~~114 CHAMBERS STREET~~

City State Zip NEW YORK, NY 10007

Phone Number INV #: F1040

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AUTHORIZED SIGNATURE R. Antony

Transporter 1: FIBER CONTROL INC. (Name) 3010 BURNS AVENUE WANTAGH, NY 11793 (Address) 516-781-3000 (Telephone #)

Driver: Tony Costa (Signature) Registration #: NY 480 139 AR (State / #) Date: 07/24/02

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] (Signature) Registration #: 093011 [illegible] (State / #) Date: 7/25/02

Acknowledgement of receipt of materials.

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

Received By: N/A Date: ______

Certification of receipt of materials covered by this manifest.

Transporter 3: ______ (Name) ______ (Address) ______ (Telephone #)

Driver: N/A (Signature) Registration #: ______ (State / #) Date: ______

Acknowledgement of receipt of materials.

Landfill Name: Southern Alleghenys Phone No: 814 479 2537

Location: Davidsville PA 15928 Permit #: 100081/ [illegible] /1003/960716/28[illegible]

Approximate Volume of Asbestos Received: 1/16 CY

Discrepancy If Any: ______

Received by: Michael Mail Date: 7-26-02

Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR