FIBER CONTROL, INC.
3010 BURNS AVENUE
WANTAGH, NY 11793
(516) 781-3000
FAX (516) 781-3085

INVOICE

Revised 11/27/02
10/07/02 F1186
Date: Inv. No.: 1
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 SITE: **job sites listed below**

REFERENCE	TERMS	YOUR #	OUR #	SALES REP
TEL: 718-595-3671	**Upon Completion**	**CONTRACT ROF-REM1**	**F1186**	**PG**

Exterior Cleanup

Address	Asphalt Roof	Unit Price	façade	Unit Price	Gravel Roof	Unit Price	Total
112 Fulton Street	roof 2,100	sq ft @ 1.48					3,108.00
	façade		2,250	sq ft @ 2.50			5,625.00
118 Chambers Street	roof 1,800	sq ft @ 1.48					2,664.00
	façade		1,875	sq ft @ 2.50			4,687.50
43 Park Place	roof 2,700	sq ft @ 1.48					3,996.00
	façade		2,250	sq ft @ 2.50			5,625.00
49-51 Warren Street	façade		3,750	sq ft @ 2.50			9,375.00
113 Nassau Street	roof 2,575	sq ft @ 1.48					3,811.00
	façade		2,250	sq ft @ 2.50			5,625.00
							44,516.50

R. Radhun 12-10-02

WWW.ACTIONHAZMAT.COM

SUB TOTAL	$ 44,516.50
TAX	0.00
TOTAL	$ 44,516.50
NET TO PAY	

E179WTC

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

ENFORCEMENT COPY

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 1594HNO 2
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 118 CHAMBERS STREET Borough N.Y Zip 10007

AKA _____ 3. Block 136 4. Lot 23

5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name LI PING XIE 8. Contact Person _____

9. Tel. # _____ Fax # _____

10. Address 118 CHAMBERS ST City N.Y 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 9/27/02 Projected completion date 10/27/02

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
SEP 27 2002
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
TRU 1

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

3675 Square Feet, and/or _____ Linear Feet

DEP BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 1

ACP 2/20(

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGNO 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

TWL 1594HNO2

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.)
Roof	(Asphalt)		1800		
Facade			1875		

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 Guanarke	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.

A. P		9/24/02
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
3/2001

ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET					INSPECTION DATE
118	CHAMBERS STREET					9/28/02
FLOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #
R/F	10007	1	136	23	1	AD10
INSPECTOR	BLDG TYPE	BASIS OF INSPECT.				PHOTOS TAKEN YES / NO
ALPHONSO PLUMPTRE		TRU1594M02				

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
ADDRESS 228 E. 45TH ST CITY N.Y	ADDRESS CITY
STATE N.Y ZIP 10017 PHONE (212) 922-0077	STATE ZIP PHONE
CONTACT PERSON:	TIME OF INSPECTION FROM: 9 (AM)/PM TO: 11 3 AM/PM
INSPECTION DISCLOSED:	

The roof and the façade were cleaned and was later inspected. No visible debris observed after the cleanup.

NOV #	INFRACTIONS	RESULT CODE 5
NOV #		SUPERVISORS INITIALS RF

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 30/9

FILE

ATHENICA
ENVIRONMENTAL SERVICES INC
Tel. (718) 784-7490
Fax. (718) 784-4085

AIRBORNE ASBESTOS ANALYSIS BY TRANSMISSION ELECTRON MICROSCOPY

CLIENT: Warren & Panzer Engineers, P.C.
LABORATORY ID #: T02-09-115
ANALYT. METHODOLOGY: AHERA
FILTER TYPE: M.C.E.
AVERAGE G.O. AREA (mm^2): 0.013838

PROJECT: NYC DEP, 118 Chambers Street
DATE OF REPORT: 09/30/02
DATE OF ANALYSIS: 09/30/02
EFFECTIVE FILTER AREA (mm^2): 385

LABORATORY RESULTS

CLIENT #	LAB. ID #	LOCATION	VOLUME (lt)	G.O.'s ANAL YZED	AREA ANALY ZED (mm^2)	ANALYT. SENSITIV. (struct./cm^2)	TOTAL ASBESTOS AIR CONC. (struc./cm^3)	TOTAL ASBESTOS FILTER CONC. (str/mm^2)	AIR CONC. FOR STRUCT.	AIR CONC. FOR STRUCT.	ASBEST. TYPE CHRYS.	AMPHIB. ASBEST TYPE SPECIFY
1	T02-09-115-2665	In front of building=N	1620	4	0.0554	0.0043	<0.0043	<18.07	NA	NA	NA	NA
2	T02-09-115-2666	In front of building=S	1620	4	0.0554	0.0043	<0.0043	<18.07	NA	NA	NA	NA
3	T02-09-115-2667	In front of building=W	1620	4	0.0554	0.0043	<0.0043	<18.07	NA	NA	NA	NA
4	T02-09-115-2668	In front of building=E	1620	4	0.0554	0.0043	<0.0043	<18.07	NA	NA	NA	NA
5	T02-09-115-2669	In front of building=C	1620	4	0.0554	0.0043	<0.0043	<18.07	NA	NA	NA	NA

E. Siaukri

ANALYST
E. Siaukri

LABORATORY DIRECTOR
Spiro Dongaris

LABORATORY CERTIFICATION NUMBERS: NVLAP 101958, ELAP 10955

- Athenica Environmental Services Inc. (AES), is responsible only for information pertaining to samples taken by its employees.
- Air sampling cassettes will be stored for sixty (60) days. AES Inc., should be notified within this time frame for a true duplicate analysis.
- If AES Inc., did not conduct the sampling, the reported airborne concentration was derived based on information provided by the client. Under these circumstances, the air concentration data is supplied solely for the convenience of the client.
- The report relates only to items tested. This report must not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. Test reports may not be reproduced except in full and with prior approval of AES Inc.
- The liability of Athenica Environmental Services Inc. with respect to the services charged, shall in no event exceed the amount of the invoice.

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

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

P.O. _____

CLIENT: DEP
PROJECT: WTC
LOCATION: 118 Cedar Bers ST

W&P FILE #: 1079-01-02
LABORATORY: W&P

CONTACT: M. NOZAW

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

TECHNICIAN: _____

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR (fib./cc.)
1	IN Front of Building W.	3	1	9	9	0701	1001	180	1620	
2	IN FRONT OF Building S		2	9	9	0702	1002	180	1620	
3	IN FRONT OF Building W		3	9	9	0703	1003	180	1620	
4	IN FRONT OF Building E		4	9	9	0704	1004	180	1620	
5	IN FRONT OF Building C	3	5	9	9	0705	1005	180	1620	
6	F_B									
7	F_B									
8	F_B									

COMMENTS:

T02-09-115

SAMPLE BY: WEST HARBOR DATE: 9-28-02
SIGNATURE: _____
RELEASED BY: WEST HARBOR DATE: 9-28-02
SIGNATURE: _____
RECEIVED BY: A. CAJIGAL DATE: 9/30/02
SIGNATURE: Alex Cajigal

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