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

E073WTC

EMERGENCY — DEP — ONLY TYPEWRITTEN FORMS 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 1006 M
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYC-DEP (Sole 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 110 CHAMBERS STREET Borough N.Y Zip 10007
AKA _____ 3. Block _____ 4. Lot _____
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name Estate of William Stone 8. Contact Person VIRGINIA
9. Tel. # (732) 264-3642 Fax # _____
10. Address 110 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 6/29/02 Projected completion date 7/31/02

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 28 2002 DEP/BANHM ASBESTOS/LE PROGRAM TRUG 2

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

1080 Square Feet, and/or _____ Linear Feet

DEP BUREAU OF ENVIRONMENTAL COMPLIANCE & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 2

ACP 2/20

DEP ECB Fax:212-361-1433 Jun 28 2002 11:31 P.17

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 Thru 1006 Mwor

30. LOCATIONS OF ABATEMENT

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire floor, west 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 3RD 5TH Floors			1080		

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 OGUNNAIKE	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.

A.P. _____ _____ _____

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

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
110 Chamber Street

Received: 7/1/02 8:00:00 AM
ATC Group #: 8361
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 8361 -1	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048	
02 8361 -2	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048	
03 8361 -3	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048	
04 8361 -4	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048	
05 8361 -5	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048	

ROMAN PEYSAKHOV
Analyzed by: RRuy

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

S

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

CONTACT: ____

CLIENT: NYC DEP

LABORATORY: ATC

PROJECT: 110 CHAMBER ST

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

LOCATION: FRONT

TECHNICIAN: R. FERNANDEZ

8361

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR. (fib./cc.)
01	TELEPHONE BOOTH TCC	3		8.0	8.0	1241	1541	180	1440	
02	(L) SIDE OF BLDG (FRONT)	3		8.0	8.0	1242	1542			
03	MIDDLE OF BLDG (TRIPOD)	3		8.0	8.0	1244	1544			
04	TRUCK MURRAY	3		8.0	8.0	1245	1545			
05	TELEPHONE BOOTH NYC PD.	3		8.0	8.0	1248	1548	180	1440	
06	FB	1					NA			
07	FB	1					NA			

COMMENTS:

SAMPLE BY: R. FERNANDEZ DATE: 6-29-01

SIGNATURE: [signature]

RELEASED BY: [signature] DATE: ____

SIGNATURE: ____

RECEIVED BY: ATC DATE: 7/01/02

SIGNATURE: [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.

Fax #: (212) 922-0630

Date: Monday, July 01, 2002

Time: 1:12:33 PM

Comments:

From: ROMAN PEYSAKHOV

ATC Group #: 8361

Client Project: NYC-DEP W & P File #: 1079.01.02
110 Chamber Street

Number of Pages: 3
(including cover page)

4

ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET: 110 CHAMBERS STREET					INSPECTION DATE: 6/29/02
FLOOR: Facade	ZIP: 10007	BORO CODE: 1	BLOCK: 136	LOT: 27	SQUAD #: 1	BADGE #: AD10

INSPECTOR: ALPHONSO PLUMPTRE | BLDG TYPE: | BASIS OF INSPECT.: TRUWO6MN02 | 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: Estate of William Stone
ADDRESS: 328 E. 45TH ST CITY: N.Y	ADDRESS CITY
STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077	STATE ZIP PHONE: (732) 264-3642
CONTACT PERSON:	TIME OF INSPECTION FROM: 2 00 am/pm TO: 3 00 am/pm
INSPECTION DISCLOSED:	

The facade was cleaned and was inspected after the cleanup and no visible debris observed after the cleanup.

NOV #	INFRACTIONS	RESULT CODE: 5
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

WM
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 48737

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
ESTATE OF WILLIAM STONE
Address 110 CHAMBERS STREET
City State Zip NEW YORK, NY 10007
Phone Number

GENERATING LOCATION
Address 110 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. [signature]

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 me (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: NA 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 [illegible] Phone No: 814 479 2537
Location: Davidsonville MD [illegible] Permit # [illegible]
Approximate Volume of Asbestos Received: 1/16 CY
Discrepancy If Any: ______
Received by: Michael Mar[illegible] Date: 7-26-02
Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR