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

INVOICE

Date: 6/24/02 Inv. No.: F1027
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
			F1027	PG

CONTRACT NO. ROF-REM1
Exterior Cleanup

Address	Facade	Roof	Lot	Unit Price	Total
96 Chambers Street	720 sq ft			@ $2.50 per ft	1,800.00
98 Chambers Street	1170 sq ft			@ $2.50 per ft	2,925.00
155 Chambers Street	1950 sq ft			@ $2.50 per ft	4,875.00
156 Chambers Street	2160 sq ft			@ $2.50 per ft	5,400.00
27 Park Place	1520 sq ft			@ $2.50 per ft	3,800.00
173 Broadway	3720 sq ft			@ $2.50 per ft	9,300.00
173 Broadway		2400 sq ft		@ $1.48 per ft	3,552.00
175 Broadway	1875 sq ft			@ $2.50 per ft	4,687.50
175 Broadway		2000 sq ft		@ $1.48 per ft	2,960.00
177 Broadway	1950 sq ft			@ $2.50 per ft	4,875.00
177 Broadway		2470 sq ft		@ $1.48 per ft	3,655.60
179 Broadway	2340 sq ft			@ $2.50 per ft	5,850.00
179 Broadway		2860 sq ft		@ $1.48 per ft	4,232.80
12 Barclay Street (asphalt roof rate as agreed upon)			10,506 sq ft	@ $1.48	15,548.88

SUB TOTAL	73,461.78
TAX	
TOTAL	
NET TO PAY	73,461.78

OK 7-17-02

E013 WTC

EMERGENCY

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)

TRU0835MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 98 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 HERBERT MOSKOWITZ 8. Contact Person _____

9. Tel. # (212) 732-5040 Fax # _____

10. Address 70, LAFAYETTE ST City N.Y State N.Y 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. # PII 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 6/13/02 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.

RECEIVED JUN 10 2002 DEP/BANKN ASBESTOS/LE PROGRAM TRUG 2

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

1170 Square Feet, and/or _____ Linear Feet

BUREAU OF ENVIRONMENTAL COMPLIANCE & ENFORCEMENT ASBESTOS CONTROL PROGRAM

6/15 – 6/15

ACP 7
2/2001

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	2ND, 3RD, 4TH		1170		

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 COGUNAKE	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

ASBESTOS INSPECTION REPORT

PREMISE NO. 98	STREET CHAMBERS STREET				INSPECTION DATE 6/14 – 6/15/02
FLOOR FACADE	ZIP 10007	BORO CODE 1	BLOCK 135	LOT 17	SQUAD # 1 / BADGE # AD10
INSPECTOR ALPHONSO PLUMPTER	BLDG TYPE	BASIS OF INSPECT. TRU0835MN02			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 Mr. Herbert Moskowitz
ADDRESS 228 E. 45TH ST CITY N.Y	ADDRESS 70 Lafayette st CITY N.Y
STATE N.Y ZIP 10017 PHONE (212) 922-0077	STATE N.Y ZIP 10013 PHONE
CONTACT PERSON: TONY COSTA	TIME OF INSPECTION FROM: 1130 AM am/pm TO: 130 PM am/pm
INSPECTION DISCLOSED:	

We first started the Cleanup on 6/14 and were stopped by both DOT and NYCTA inspectors due to inability to produce permits to close sidewalk and bustop.

The Cleanup started on 6/15 and visual inspections was done after the completion of the Cleanup and no debris observed on ledges and windows.

NOV #	INFRACTIONS					RESULT CODE 5
NOV #						SUPERVISORS INITIALS W

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

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 48711

EMERGENCY RESPONSE TELEPHONE
#1-800-272-3867

FB# 6024

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. 05/23/02 Date of Pickup 06/20/02
Type of Container 100 YARD
VOLUME 1/16 CY Friable ☒ Non-Friable ☐
Bag ☒ Drum ☐ Wrapped ☐ Other ☐

RE: ASBESTOS 9/11/2212, PG III

GENERATOR/BUILDING OWNER

HERBERT MOSKOWITZ
Address 70 LAFAYETTE STREET
City NEW YORK, NY 10013 (State, Zip)
Phone Number

GENERATING LOCATION

Address 98 CHAMBERS STREET
City NEW YORK, NY 10007 (State, Zip)
Phone Number

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) 3010 BURNS AVENUE WANTAGH, NY 11793 (Address) 516-781-3000 (Telephone #)
Driver: Anthony Costa (Signature) Registration #: NY / 151 859 AL (State / #) Date: 06/19/02
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) Registration #: 09301544 (State / #) Date: 6/20/02
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: [illegible] Phone No: 814 479 2537
Location: [illegible] Permit #: [illegible]
Approximate Volume of Asbestos Received: 1/16 CY
Discrepancy If Any: _____
Received by: Michael Iran Date: 6-21-02
Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR