

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

**INVOICE****REVISED 8-13-02**

Date: **08/08/02**  
 Due Date:

Inv. No.: **F1088**  
 Page No.: **1**

**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 REF |
| TEL: 718-595-3671 | Upon Completion | CONTRACT ROF-REM1 | F1088 | PG        |

| DESCRIPTION<br>REFERENCE       | UNIT<br>MEASURE     | QUANTITY          | UNIT PRICE<br>ITEM DISCOUNT | EXTENDED PRICE    |
|--------------------------------|---------------------|-------------------|-----------------------------|-------------------|
| <b>Exterior Cleanup</b>        |                     |                   |                             |                   |
| <u>Address</u>                 | <u>Asphalt Roof</u> | <u>Unit Price</u> | <u>facade</u>               | <u>Unit Price</u> |
| 92 Reade Street                | 1500 sq ft @        | 1.48              |                             | \$ 2,220.00 ✓     |
| 94 Reade Street                | 1500 sq ft @        | 1.48              |                             | \$ 2,220.00 ✓     |
| 92-94 Warren Street            | 4900 sq ft @        | 1.48              |                             | \$ 7,252.00 ✓     |
| 92-94 Warren Street            |                     | 3750 sq ft @      | 2.50                        | \$ 9,375.00 ✓     |
| 150-152 Chambers Street        | 3400 sq ft @        | 1.48              |                             | \$ 5,032.00 ✓     |
| 150-152 Chambers St (ACP-8)    | 750 sq ft @         | 1.48              |                             | \$ 1,110.00 ✓     |
| 75 Murray                      | 1450 sq ft @        | 1.48              |                             | \$ 2,146.00 ✓     |
| 75 Murray                      |                     | 1875 sq ft @      | 2.50                        | \$ 4,687.50 ✓     |
| 121 Chambers Street            |                     | 1950 sq ft @      | 2.50                        | \$ 4,875.00 ✓     |
| 121 Chambers St (103 Reade St) |                     | 1950 sq ft @      | 2.50                        | \$ 4,875.00 ✓     |
| 97 Chambers                    | 7052 sq ft @        | 1.48              |                             | \$ 10,436.96      |
|                                |                     |                   |                             | \$ 54,229.46      |

*R. Raehm*

WWW.ACTIONHAZMAT.COM

|            |              |
|------------|--------------|
| SUB TOTAL  | \$ 54,229.46 |
| TAX        | 0.00         |
| TOTAL      | \$ 54,229.46 |
| NET TO PAY |              |

E-121WTC

ONLY  
TYPEWRITTEN  
FORMS WILL BE  
ACCEPTED



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

**ASBESTOS PROJECT NOTIFICATION**  
(ASBESTOS INSPECTION REPORT)

File 12334ND02  
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 97 CHAMBERS STREET Borough N.Y. Zip 10007  
AKA 79-81 READE ST 3. Block 149 4. Lot 12  
5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

**II. BUILDING OWNER**

7. Name DEE & DEE CHAMBERS STREET 8. Contact Person \_\_\_\_\_  
9. Tel. # (212) 243-5620 Fax # \_\_\_\_\_  
10. Address 97 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 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, INC 23. NYS DOH ELAP # 11480

**VI. PROJECT INFORMATION**

24. Starting date for this portion of work 8/2/02 Projected completion date 9/2/02

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

7,052 Square Feet, and/or \_\_\_\_\_ Linear Feet



NYC  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION  
ASBESTOS CONTROL  
PROGRAM  
16117

ACP  
2/200

**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)

- 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)

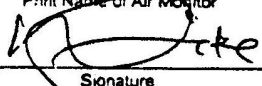
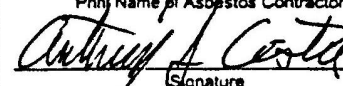
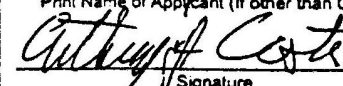
- ☐ Full Containment      ☐ Glovebag      ☐ Tent      ☐ DEP Variance Application

Tree 1233 HND2

**30. LOCATIONS OF ABATEMENT**

| Floor(s)    | DESCRIBE SECTION OF FLOOR<br>(e.g. entire, east wing, room #, boiler room, lobby, etc.) | AFFECTED SURFACES CONTAINING ACM<br>(e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.) | AMOUNT OF ACM |             | DESCRIPTION OF WORK BEING PERFORMED<br>(e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.) |
|-------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|
|             |                                                                                         |                                                                                                              | SQUARE FEET   | LINEAR FEET |                                                                                                                               |
| <u>Roof</u> | <u>(ASPHALT)</u>                                                                        |                                                                                                              | <u>7,052</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 OGUNWALE</u><br><small>Print Name of Air Monitor</small><br><br><small>Signature</small><br><u>06-03-02</u><br><small>Date</small> | <u>ANTHONY COSTA</u><br><small>Print Name of Asbestos Contractor</small><br><br><small>Signature</small><br><u>6-3-02</u><br><small>Date</small> | <u>ANTHONY COSTA</u><br><small>Print Name of Applicant (If other than Owner)</small><br><br><small>Signature</small><br><u>6-3-02</u><br><small>Date</small> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.

Alfonso Plungetre [Signature] 8/2/02  
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.

ASBESTOS INSPECTION REPORT

PAGE 1 OF 1

|                                                                                                                                                             |                     |                                  |                                |                                                                   |                      |                                  |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------|--------------------------------|-------------------------------------------------------------------|----------------------|----------------------------------|---------------------|
| PREMISE NO.<br><b>97</b>                                                                                                                                    |                     | STREET<br><b>CHAMBERS STREET</b> |                                |                                                                   |                      | INSPECTION DATE<br><b>8/2/02</b> |                     |
| FLOOR<br><b>Roof</b>                                                                                                                                        | ZIP<br><b>10007</b> | BORO CODE<br><b>1</b>            | BLOCK                          | LOT                                                               | SQUAD #<br><b>1</b>  | BADGE #<br><b>AD10</b>           |                     |
| INSPECTOR<br><b>ALPHONSO PLUMPTRE</b>                                                                                                                       |                     | BLDG TYPE                        |                                | BASIS OF INSPECT.                                                 |                      | PHOTOS TAKEN YES / NO            |                     |
| CONTRACTORS NAME<br><b>FIBER CONTROL</b>                                                                                                                    |                     |                                  |                                | SAMPLE NO.                                                        |                      |                                  |                     |
| ADDRESS<br><b>3010 BURNS AVE</b>                                                                                                                            |                     |                                  |                                | CITY<br><b>WANTAGH</b>                                            |                      |                                  |                     |
| STATE<br><b>N.Y.</b>                                                                                                                                        |                     | ZIP<br><b>11793</b>              | PHONE<br><b>(516) 781-3000</b> |                                                                   | SAMPLE NO.           |                                  |                     |
| LABORATORY NAME<br><b>WARREN &amp; PANZER ENGINEERS, PC</b>                                                                                                 |                     |                                  |                                | OWNERS NAME<br><b>Dee &amp; Dee of Chambers St</b>                |                      |                                  |                     |
| ADDRESS<br><b>228 E. 45TH ST</b>                                                                                                                            |                     | CITY<br><b>N.Y.</b>              |                                | ADDRESS<br><b>97 Chambers St</b>                                  |                      | CITY<br><b>N.Y.</b>              |                     |
| STATE<br><b>N.Y.</b>                                                                                                                                        |                     | ZIP<br><b>10017</b>              | PHONE<br><b>(212) 922-0077</b> |                                                                   | STATE<br><b>N.Y.</b> |                                  | ZIP<br><b>10007</b> |
| CONTACT PERSON:                                                                                                                                             |                     |                                  |                                | TIME OF INSPECTION FROM: <b>12:15 am/pm</b> TO: <b>1:00 am/pm</b> |                      |                                  |                     |
| INSPECTION DISCLOSED:                                                                                                                                       |                     |                                  |                                |                                                                   |                      |                                  |                     |
| <p>The Cleanup of the started in the early part of the day. Visual inspection was done on the roof after the cleanup and no visible debris on the roof.</p> |                     |                                  |                                |                                                                   |                      |                                  |                     |

|       |             |                      |
|-------|-------------|----------------------|
| NOV # | INFRACTIONS | RESULT CODE          |
|       |             | <b>5</b>             |
| NOV # |             | SUPERVISORS INITIALS |
|       |             | <i>[Signature]</i>   |

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