

FIBER CONTROL, INC.

3010 BURNS AVENUE
WANTAGH, NY 11793
(516) 781-3000
FAX (516) 781-3085

INVOICE

Revised 9-03-02

08/28/02

F1130

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 Plumtre
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	F1130	PG

DESCRIPTION		UNIT MEASURE	QUANTITY	UNIT PRICE		EXTENDED PRICE	
REFERENCE				ITEM DISCOUNT			
Exterior Cleanup							
Address	Asphalt Roof	Unit Price	facade	Unit Price	Gravel Roof	Unit Price	Total
22 Barday Street	10710	@ \$1.48	7560	@ \$2.50			\$ 15,850.80
							\$ 18,900.00
16 Barday Street	6426	@ \$1.48					\$ 9,510.48
front bldg			5670	@ \$2.50			\$ 14,175.00
back bldg			2835	@ \$2.50			\$ 7,087.50
14 Barday Street	3150	@ \$1.48					\$ 4,662.00
45 Murray Street			2100	@ \$2.50			\$ 5,250.00
146 Chambers Street	1976	@ \$1.48	1950	@ \$2.50			\$ 2,924.48
rear setback	260	@ \$1.48					\$ 4,875.00
							384.80
175 Broadway	rear		3000	@ \$2.50			\$ 7,500.00
177 Broadway	rear		3000	@ \$2.50			\$ 7,500.00
179 Broadway	rear		3000	@ \$2.50			\$ 7,500.00
181 Broadway	rear		3000	@ \$2.50			\$ 7,500.00
							\$ 113,620.06

WWW.ACTIONHAZMAT.COM

Perry Floodwell

SUB TOTAL	\$ 113,620.06
TAX	0.00
TOTAL	\$ 113,620.06

NET TO PAY	
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FIBER CONTROL, INC.

3010 BURNS AVENUE
WANTAGH, NY 11793
(516) 781-3000
FAX (516) 781-3085

INVOICE

Date: 6/24/02
Due Date:

Inv. No.: F1027
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 #	CUR # F1027	SALES REP PG
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DESCRIPTION REFERENCE	UNIT MEASURE	QUANTITY	UNIT PRICE ITEM DISCOUNT	EXTENDED PRICE
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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
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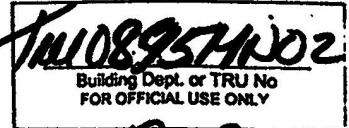
OK 7-17-02

E028WTC



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

 ONLY
 TYPEWRITTEN
 FORMS WILL BE
 ACCEPTED

 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 179 BROADWAY Borough N.Y. Zip 10007
 AKA _____ 3. Block _____ 4. Lot _____
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name CEDAR MANAGEMENT 8. Contact Person (212) 982-0967
 9. Tel. # (212) 222-9092 Fax # _____
 10. Address 20 VESEY 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 6/18/2002 Projected completion date 7/18/2002

Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

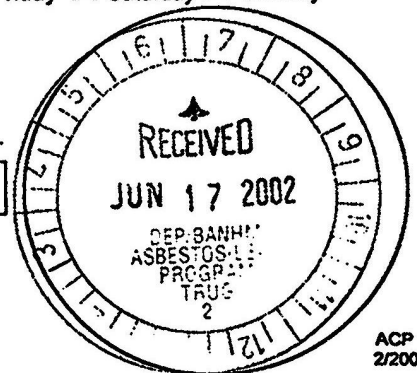
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

5200 Square Feet, and/or _____ Linear Feet


 ACP
 2/200

 DEP
 BUREAU OF ENVIRONMENTAL
 REGULATION & ENFORCEMENT
 ASBESTOS CONTROL
 PROGRAM
 18117

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) _____

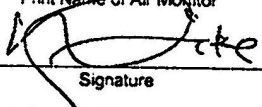
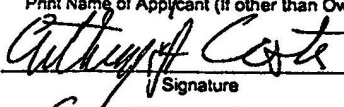
28. TYPE OF ABATEMENT (Check all appropriate boxes)
☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
<u>FACADE</u>	<u>ALL</u>		<u>2340</u>		
<u>Roof</u>	<u>ASPHALT</u>		<u>2860</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 OGUMAKI</u> Print Name of Air Monitor  Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor  Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner)  Signature <u>6-3-02</u> Date
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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. [Signature] _____
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.

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

179 Broadway

Received: 6/21/02

8:00:00 AM

ATC Group #: 8202

Analysis Date: 6/21/02

**Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed
by EPA 40 CFR Part 763 Final Rule (AHERA)**

Sample	Volume	Area Analyzed	Non Ash	Asbestos Type(s)	# Structures		Analytical Sensitivity (S/cc)	Asbestos Concentration		Notes
					0.5µ-S	5µ		(S/mm ²)	(S/cc)	
01 8202 -1	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048	
02 8202 -2	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048	
03 8202 -3	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048	
04 8202 -4	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048	
05 8202 -5	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048	

ROMAN PEYSAKHOV

Analyzed by:

MICHAEL A. GORYCKI, Ph.D.

Approved by:

Disclaimer: The laboratory is not responsible for data reported in structures/cc, which is dependent on volume collected by non-laboratory personnel. This lab is only responsible for data reported in structures/mm². This report may not be reproduced, except in full, without written approval by ATC Associates Inc. This report may not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. This report relates only to the samples reported above. Quality control data (including 95% confidence limits and laboratory and analysis accuracy and precision) is available upon request.

Accredited for NVLAP PLM-TEM #101137-0, NY State ELAP #10875

228 East 45th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-0830

WARREN & PANZER ENGINEERS, P.C.
AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

P.O. _____

8202

CLIENT: NYC DEP
PROJECT: 179 BRDWAY
LOCATION: FAÇADE

W&P FILE #: 1079-01-02
TURN AROUND: 24 HRS
TECHNICIAN: R. FERNANDEZ

Analysis Method: PCM - 7400
(circle one) TEM - AHERA
~~TEM - EPA LEVEL II~~

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE		TIME		TOTAL TIME	VOLUME (GAL)	CONCENTRATION (PPM/PCD)
				START	STOP	ON	OFF			
01	ROOF (MIDDLE)	3		8.0	8.0	0600	0600	180	1140	
02	RIGHT SIDE FRONT FAÇADE	3		8.0	8.0	0607	0607			
03	BARRIER (SIDE WALK) R 3	3		8.0	8.0	0609	0609			
04	LEFT SIDE (FAÇADE) FRONT	3		8.0	8.0	0621	0621			
05	BASE OF LIFT (CHERRY AVENUE)	3		8.0	8.0	0625	0625	180	1140	
06	FB	1								
07	FB	1								

SAMPLED BY: R. FERNANDEZ DATE: 6-21-02
SIGNATURE: _____
RELEASED BY: _____ DATE: _____
SIGNATURE: _____
RECEIVED BY: _____ DATE: _____
SIGNATURE: _____

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 #: 8202

Fax #: (212) 922-0630

Client Project: NYC-DEP W & P File #: 1079.01.02
179 Broadway

Date: Friday, June 21, 2002

Time: 10:25:29 AM

Comments:

Number of Pages: 3
(including cover page)

ASBESTOS INSPECTION REPORT

PAGE 1 OF

PREMISE NO. 179		STREET BROADWAY				INSPECTION DATE 6-17-02	
FLOOR RIF	ZIP 10007	BORO CODE 1	BLOCK 63	LOT 18	SQUAD # 1	BADGE # AD10	
INSPECTOR ALPHONSO PLUMPTRE		BLDG TYPE	BASIS OF INSPECT. TRUOR95mm02			PHOTOS TAKEN YES / NO	
CONTRACTORS NAME FIBER CONTROL					SAMPLE NO.		
ADDRESS 3010 BURNS AVE					CITY WANTAGH		
STATE N.Y.					ZIP 11793		
PHONE (516) 781-3000					SAMPLE NO.		
LABORATORY NAME WARREN & PANZER ENGINEERS, PC					OWNERS NAME CEDAR MANAGEMENT		
ADDRESS 228 E. 45TH ST					CITY N.Y.		
STATE N.Y.					ZIP 10017		
PHONE (212) 922-0077					STATE N.Y.		
ZIP 10007					PHONE (212) 732-7653		
CONTACT PERSON: TONY COSTA					TIME OF INSPECTION FROM: 8:00 am/pm TO: 3:00 pm		
INSPECTION DISCLOSED:							
On my arrival at the site, I met Inspector Brutus and had been monitoring the cleanup due to the meeting I was having in the office. The Cleanup was completed when I arrived to the site and I observed few missed spots. The Crews were called back to reclean these few spots and later passed the roof for final Visual.							

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS
		u

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 3093

FILE

ASBESTOS INSPECTION REPORT

PAGE 1 OF

PREMISE NO.		STREET				INSPECTION DATE	
179		BROADWAY				6-21-02	
FLOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #	
Roof	10007	1	63	19	1	AD10	
INSPECTOR		BLDG TYPE	BASIS OF INSPECT.			PHOTOS TAKEN YES/NO	
ALPHONSO PLUMPTRE			TRU0895Mn02				
CONTRACTORS NAME				SAMPLE NO.			
FIBER CONTROL							
ADDRESS		CITY		SAMPLE NO.			
3010 BURNS AVE		WANTAGH					
STATE	ZIP	PHONE	SAMPLE NO.				
N.Y.	11793	(516) 781-3000					
LABORATORY NAME		OWNERS NAME					
WARREN & PANZER ENGINEERS, PC		Century Realty Inc					
ADDRESS		CITY		ADDRESS			
228 E. 45TH ST		N.Y.		140 Fulton ST			
STATE	ZIP	PHONE	STATE		ZIP	PHONE	
N.Y.	10017	(212) 922-0077	N.Y.		10038		
CONTACT PERSON:				TIME OF INSPECTION FROM: TO:			
TONY COSTA				12:00 am/pm TO: 8:00 am/pm			
INSPECTION DISCLOSED:							
The Cleanup of the facade started about 12:00 AM and was completed at about 8 AM after two failed visual inspections. The facade (upper area) was recleaned twice before it passed visual.							

NOV #	INFRACTIONS					RESULT CODE
						5
NOV #						SUPERVISORS INITIALS
						A

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

**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 48722

EMERGENCY RESPONSE
TELEPHONE
#1-800-272-3867

FB# 6256

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. **06/20/02** Date of Pickup **06/26/02**
Type of Container **100 YARD**
VOLUME 1/2 CY Friable ☒ Non-Friable ☐
Bag ☒ Drum ☐ Wrapped ☐ Other ☐
ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER

CEDAR MANAGEMENT
Address **20 VESEY STREET**
City **NEW YORK, NY 10007**
Phone Number _____

GENERATING LOCATION

Address **179 BROADWAY**
City **NEW YORK, NY 10007**
Phone Number **INV #: F1027**

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.** **3010 BURNS AVENUE WANTAGH, NY 11793** **516-781-3000**
Driver: Anthony Costa Registration #: PII Date: 06/25/02
Signature _____ State / # _____
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: G. Savallish Registration #: PII Date: 6/26/02
Signature _____ State / # _____
Acknowledgement of receipt of materials.

TEMPORARY STORAGE / TRANSFER FACILITY: WASTE MANAGEMENT N.E.E.T., INC. • 203 PICKERING STREET • PORTLAND, CT 06480
PHONE: (800) 272-3867 PERMIT # SW 1130223

Received By: N/A Date: _____
Certification of receipt of materials covered by this manifest.

Transporter 3: _____
Driver: _____
Signature _____ State / # _____
Acknowledgement of receipt of materials.

Landfill Name: S Alleghenies Phone No: 814-479-2531
Location: Dunkville PA 15928 Permit #: 100081/CT/008/960716/284
Approximate Volume of Asbestos Received: 1/2 CY
Discrepancy If Any: _____
Received by: Eric Smith Date: 06/27/02
Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR

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 AMENDMENT FORM
FOR FORM ACP 7

FOR OFFICIAL USE OF _____
Fee (if any) \$ 2002-A1952
Amendment
Information Only: ☐ Yes ☐ No

A modification is valid only if it is received by the NYCDEP prior to the previously filed date of completion, except for start date changes that must be received by the original start date.

ACP7 TRU/BN# 0895MN02 Facility Address 179 Broadway Borough N.Y. Zip _____
Date ACP7 was filed 6/17/02 Variance # (if any) _____

Was this ACP7 amended before? ☐ Yes ☒ No If yes, specify date _____

Original Start Date 6/18/02 Original Completion Date 7/18/02 from ACP 7, #24.

PLEASE ENTER THE INFORMATION THAT IS BEING CHANGED:

A notification may be modified no more than twice.
Only the building owner may amend items IV and V.
The original applicant or building owner may amend all other items.

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONI CASIA
14. Federal Employer ID. PII 15. Tel. (516) 781-3000 Fax (516) 781-3085
16. Address 3010 BURNS AVENUE City WANTAGH State N.Y. 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 E. 45th St City N.Y. State N.Y. 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 8/12/02 Projected completion date 8/31/02 ☐ Project Cancelled
☐ Project Postponed

Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm If other, specify _____

25. Additional asbestos-containing material to be disturbed during this work 3000 Square Feet, and/or RECEIVED Linear Feet

Reduction in the amount of ACM to be disturbed during this work _____ Square Feet, and/or AUG 14 2002 Linear Feet

29. Abatement Procedure for Additional Material (Check all appropriate boxes)

☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

Other Changes _____

30. Locations of abatement modified by above REAR FACADE
(For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner Alphonso Plimpton Tel. # (718) 595-2682

Name of Company (if any) NYCDEP Fax # _____

Address _____ City _____ State _____ Zip _____

I hereby declare that the information provided herein is true and complete.

Signature of Applicant / Owner [Signature]

Date 8/9/02

NYC
BUREAU OF ENVIRONMENTAL
REMEDATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
TRU?

ACP 8
2/2001

ASBESTOS INSPECTION REPORT

EMISE NO.		STREET				INSPECTION DATE	
179		Broadway				8/12/02	
DOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #	
Rear facade	10007	1	63	18	1	AD10	
INSPECTOR	BLDG TYPE	BASIS OF INSPECT.			PHOTOS TAKEN YES/NO		
Thomson Plumptre	B	E028WIC					
CONTRACTORS NAME					SAMPLE NO.		
FIBER CONTROL							
ADDRESS					SAMPLE NO.		
3010 BURNS AVE							
CITY					SAMPLE NO.		
WANTAGH							
STATE	ZIP	PHONE	OWNERS NAME				
N.Y.	11793	(516) 781-3000	CEDER Management				
LABORATORY NAME					ADDRESS		
WARREN & PANZER ENGINEERS, PC					140 Fulton St		
ADDRESS					CITY		
228 E. 45TH ST					N.Y.		
STATE	ZIP	PHONE	STATE				
N.Y.	10017	(212) 922-0077	N.Y.				
CONTACT PERSON:					TIME OF INSPECTION FROM: TO:		
					12:00 am/pm TO: 2:15 am/pm		
INSPECTION DISCLOSED:							

The cleaning of the rear facade started in the early morning hours of 7:30am. All windows ledges and the Air Condition units were cleaned. Visual inspection was done after the cleanup and there were no visible debris observed.

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS
		DP

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: