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

INVOICE

Date: 6/11/02
Inv. No.: F1018
Due Date:
Page No.: 1

BILL TO: NYC Dept. Of Env. Protection
59-17 Junction Blvd- 8th Fl
Flushing, NY 11373-5108
Attn: Alfanso Plumbtree
Enforcement Division

JOB SITE: 181 Broadway
183 Broadway
265-267 Broadway
92 Chambers

REFERENCE	TERMS	YOUR #	OUR #	SALES REP
TEL:	Upon Completion		F1018	PG

DESCRIPTION / REFERENCE	UNIT MEASURE	QUANTITY	UNIT PRICE / ITEM DISCOUNT	EXTENDED PRICE

Contract No. ROF-REM1

Building Exterior Cleanup:

181 Broadway: 2328 Sq Ft Asphalt Roof @ $1.48	$3,445.44
183 Broadway: 3720 Sq Ft Asphalt Roof @ $1.48	$5,505.60
265-267 Broadway: 5250 Sq Ft Asphalt Roof @ $1.48	$7,770.00
92 Chambers St: 1449 Sq Ft Asphalt Roof @ $1.48	$2,144.52
Provision Of Insurance As Required By NYC DEP	$65,000.00

R. Rad
R. Rad

WWW.ACTIONHAZMAT.COM

SUB TOTAL	$83,865.56
TAX	
TOTAL	$83,865.56
NET TO PAY	

E002 WTC.

EMERGENCY

ONLY ... WILL BE ACCEPTED

DEP NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION www.nyc.gov/dep

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU0802MN02
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 183 BROADWAY Borough N.Y Zip 10007

AKA ____ 3. Block ____ 4. Lot ____

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

II. BUILDING OWNER

7. Name ROBERTA SAFDIE 8. Contact Person Andre Super 212 791 1802

9. Tel. # PII Fax # ____

10. Address 183, BROADWAY 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. # 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 6/7/2002 Projected completion date 7/7/2002

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

3720 Square Feet, and/or ____ Linear Feet

RECEIVED JUN 05 2002 DEP/BANHM ASBESTOS/LEAD PROGRAM TRUG 2

ACP 7
2/2001

Completed

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

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		3720		

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 GUERRARE	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
183 Broadway

Received: 6/10/02 4:00:00 PM
ATC Group #: 8034
Analysis Date: 6/10/02

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 8034 -1	1800.00	0.0450	0	None Detected	0	0	0.0048	<22.24	<0.0048	
02 8034 -2	1800.00	0.0450	0	None Detected	0	0	0.0048	<22.24	<0.0048	
03 8034 -3	1800.00	0.0450	0	None Detected	0	0	0.0048	<22.24	<0.0048	
04 8034 -4	1800.00	0.0450	0	None Detected	0	0	0.0048	<22.24	<0.0048	
05 8034 -5	1800.00	0.0450	0	None Detected	0	0	0.0048	<22.24	<0.0048	

ROMAN PEYSAKHOV
Analyzed by:

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

228 East 45th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-0630

P.O. _____

WARREN & PANZER ENGINEERS, P.C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

8034

CLIENT: NYC DEP
PROJECT: 163 BROWY
LOCATION: ROOF

W&P FILE #: 1079.01.02
TURN AROUND: 24 HRS
TECHNICIAN: R. FERNANDEZ

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

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR. (fib./cc)
01	INA (F) OF ROOF	3		5.0	5.0	0900	1600	360	1800	
02	INA ENTRANCE	3		5.0	5.0	0901	1501			
03	INA MIDDLE OF ROOF	3		5.0	5.0	0902	1502			
04	ELEVATOR MECH RM	3		5.0	5.0	0905	1505			
05	STAIRWELL TENANT'S SPACE	1				0919	1519	360	1800	
06	FB	1					NA			
07	FB						NA			

SAMPLED BY: RAMIRO FERNANDEZ DATE: 6.10.02
SIGNATURE:
RELEASED BY: DATE:
SIGNATURE:
RECEIVED BY: DATE: 6.10.02
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

ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET: 183 Broadway					INSPECTION DATE: 6-10-02
FLOOR: Roof	ZIP:	BORO CODE: 1	BLOCK: 63	LOT: 16	SQUAD #: 1	BADGE #: AD10
INSPECTOR: ALPHONSO PLUMPTER	BLDG TYPE:	BASIS OF INSPECT.: TRU0802MN02			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: EZRA · A · SAFDIE
ADDRESS: 228 · E · 45TH ST CITY: N.Y	ADDRESS: 183 Broadway CITY: NY
STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077	STATE: N.Y ZIP: PHONE:
CONTACT PERSON: TONY COSTA	TIME OF INSPECTION FROM: 8 00 am/pm AM TO: 6 00 am/pm
INSPECTION DISCLOSED:	

CHECKED ALL supervisor and handlers licenses including the Air Technicians and all were worker. Cleanup took longer time due to ~~heavy~~ heavy loaded materials under the wooden planks on the roof.

Visual inspection was done on the roof after the Cleanup and no visible debris observed.

N.B The owner complained later that the wooden decking on roof was damaged, and was later fixed by the Contractor.

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

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 48705

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 CY Friable ☒ Non-Friable ☐
Bag ☒ Drum ☐ Wrapped ☐ Other ☐
R... 4.2... 9 MA2212, PG III

GENERATOR/BUILDING OWNER
ROBERTA SAFDIE
Address 183 BROADWAY
City State Zip NEW YORK, NY 10007
Phone Number

GENERATING LOCATION
Address 183 BROADWAY
City State Zip NEW YORK, NY 10007
Phone Number INV #: F1018

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 [signature]

Transporter 1: FIBER CONTROL INC. (Name) 3010 BURNS AVENUE WANTAGH, NY 11793 (Address) 516-781-3000 (Telephone #)
Driver: Anthony Coste (Signature) Registration #: NY / 480 139 AR (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] (Signature) Registration #: 093015 4 me (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: So Allegheny Landfill Phone No: 8144792537
Location: Andsuile PA 15958 Permit # 100081 / CT / 005 / 960716 / 2843
Approximate Volume of Asbestos Received: 1 CY
Discrepancy If Any:
Received by: [signature] Date: 6-21-02
Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR