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 ☐
RQ ASBESTOS, 9 NA2212, 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 #: 0930154 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 Alleghany Landfill Phone No: 8144792537
Location: Andsville PA 15928 Permit #: 100851/CT/008/960716/284
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

ASBESTOS CONTROL PROGRAM
EMERGENCY RESPONSE
DIAGRAM

NAME L. Reyna BADGE # A055 DATE 2/27/02

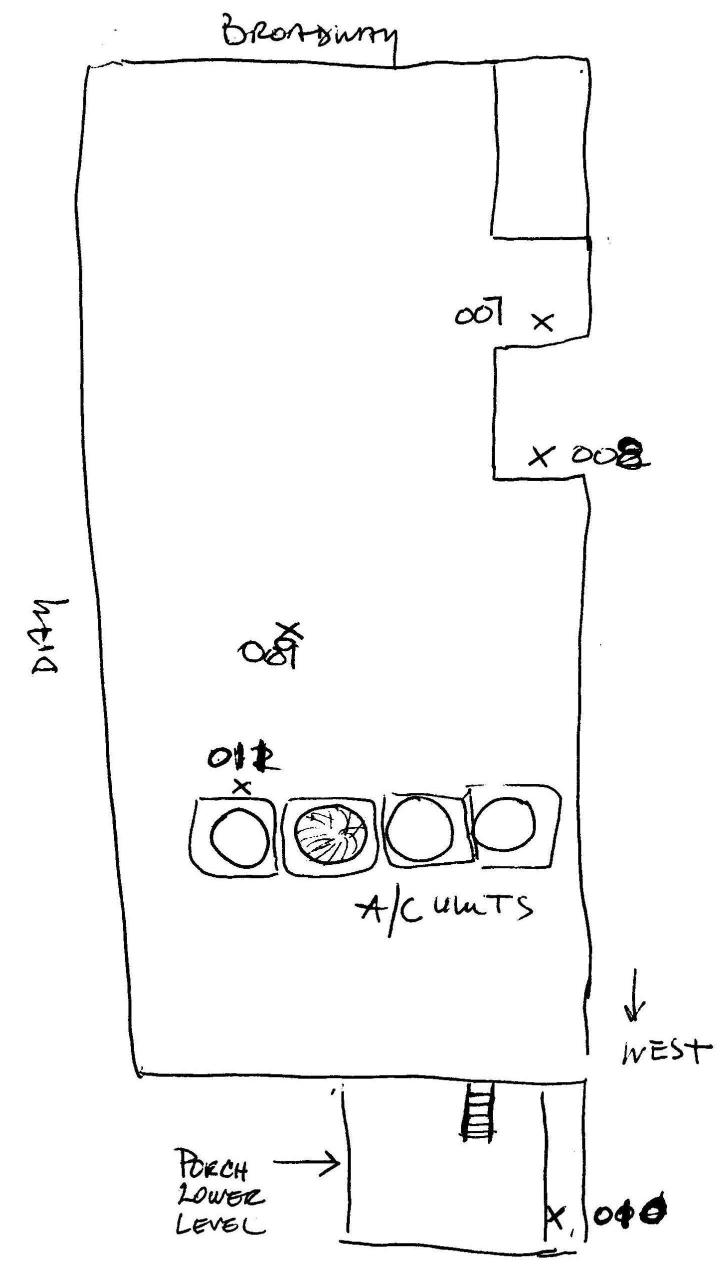
LOCATION 183 BROADWAY 2:55 pm

ROOF

- ☐ No Visible Debris
- ☐ Entire Roof Covered with Debris
- ☒ Partial Roof Covered
  - ☒ Local/Isolated Areas
  - ☐ Gutters
  - ☒ 25% of the roof
  - ☐ 50% of the roof
  - ☐ 75% of the roof

FACADE

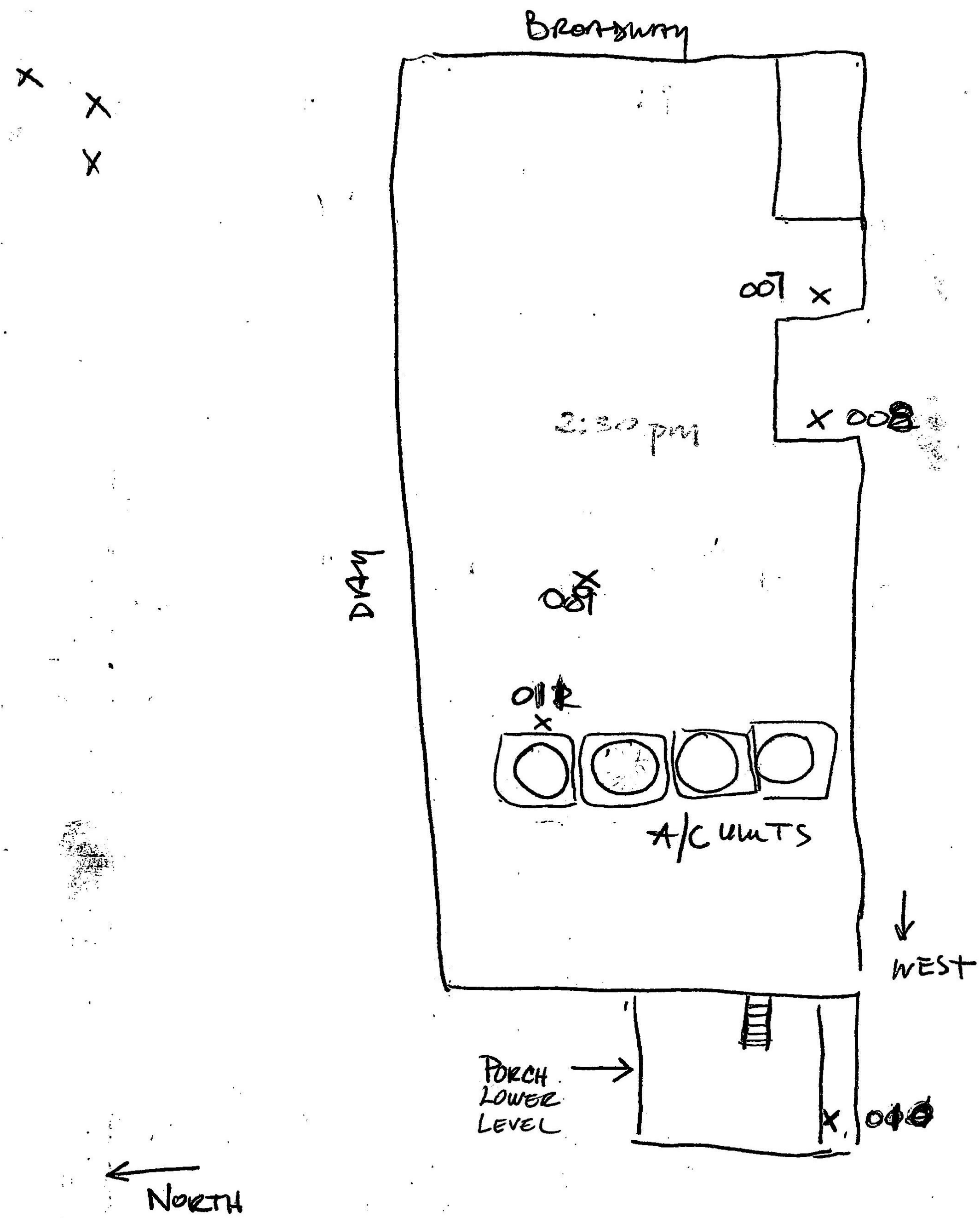
- ☐ Clean
- ☐ Entire Facade req. Clean-up
- ☐ __________ Req. Clean-up



NORTH

ASBESTOS CONTROL PROGRAM
EMERGENCY RESPONSE
D I A G R A M

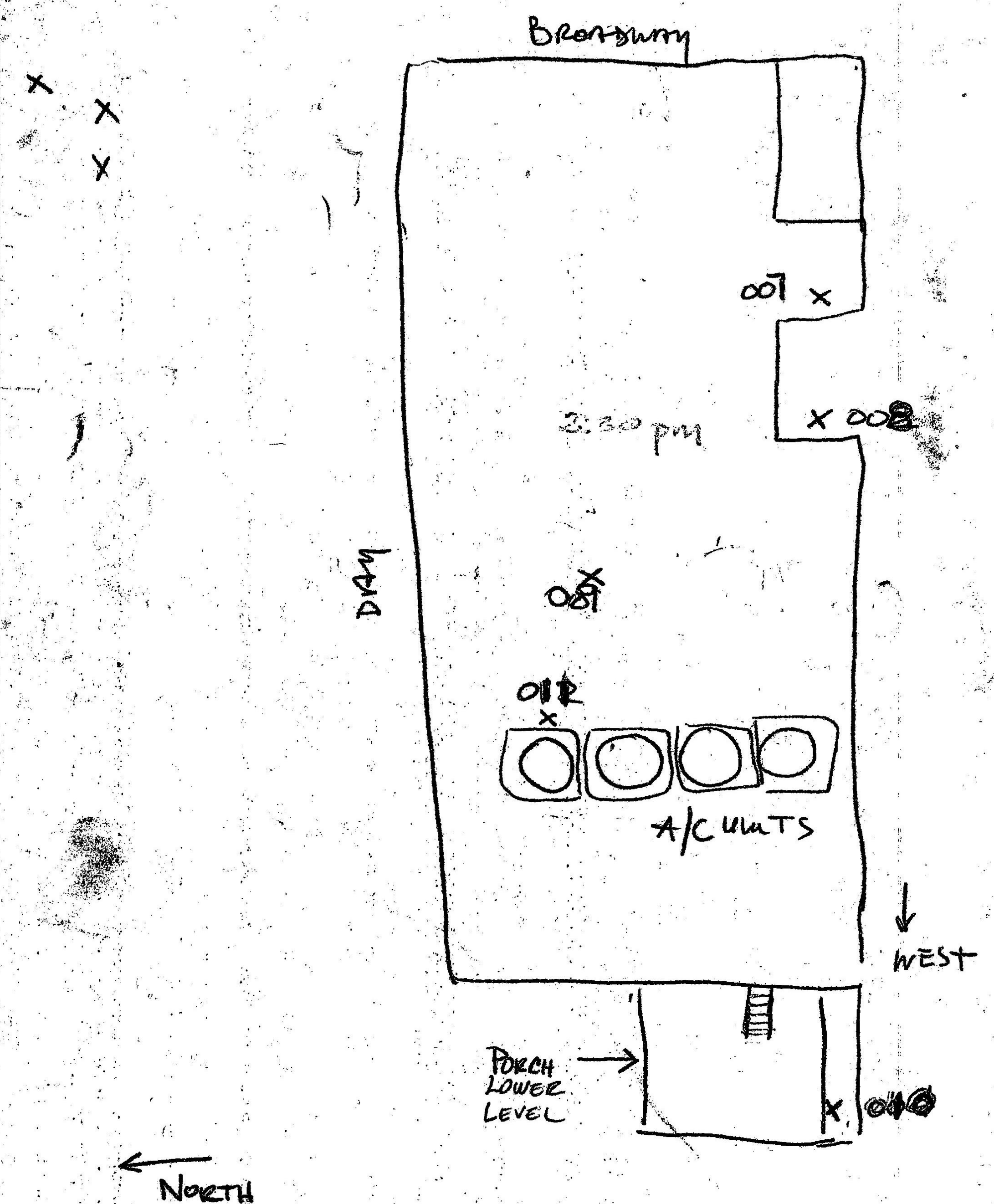
NAME L. Reyna **BADGE #** A055 **DATE** 2/21/02
LOCATION 183 BROADWAY 2:55 pm



ASBESTOS CONTROL PROGRAM
EMERGENCY RESPONSE
DIAGRAM

NAME L. Reyna BADGE # A055 DATE 2/21/02

LOCATION 183 Broadway 2:55 pm



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