NYC 9/11 Public Portal Document

BENJAMIN KURZBAN
& SON CONTROL, INC.
1248 Ralph Ave.
BROOKLYN, N.Y. 11236

(718) 531-2900

INVOICE

1175

DATE	ORDER NO.
8/23/02	

SHIP TO
Contract ROF-REM2

TO
Dept of Environmental Protection
59-17 Junction Blvd
Corona, NY 11368

SALESPERSON	DATE SHIPPED	SHIPPED VIA	F.O.B. POINT	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
>	Registration # CT 82620020015280		
	Pin# 82602WTCROOF2		
	For work completed at 204 Broadway		
	19,050 SF @ 2/SF		
	Total Amount due this Invoice		$38,100.00

ORIGINAL

Thank You!

NYC 9/11 Public Portal Document

9/24 ST

EMERGENCY

WRITTEN FORMS WILL BE ACCEPTED

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION DEP 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)

Building Dept. or TR1 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.

37

I. FACILITY

2. Address 204 BROADWAY Borough MAN Zip 10038

AKA _____ 3. Block _____ 4. Lot _____

5. Type of Facility COMMERCIAL 6. Name of Building _____

II. BUILDING OWNER

7. Name COLLEGIATE CHURCH 8. Contact Person D. RIVNAR

9. Tel. # (212) 233-1960 Fax # _____

10. Address 45 JOHN STREET City NEW YORK State NY Zip 10038

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL INC 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 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 _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 08-07-02 Projected completion date 09-07-02

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

Shift from: 8 AM ☒ am ☐ pm to 8 PM ☐ am ☒ pm

If other, specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

RECEIVED AUG 07 2002

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

12330 Square Feet, and/or 0 Linear Feet

AC-2

NYC-WTC_000123267

NYC 9/11 Public Portal Document

105

ASBESTOS INSPECTION REPORT (continued)

28. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUERIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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

TAR 1259 MN

30. LOCATIONS OF ABATEMENT ROOF MATERIAL: ROOF MEMBRANE (TAR)

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		ROOF SURFACE	11826		INCLUDES METAL SURFACES
"		BULKHEAD WALLS	504		

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.

WARREN & PANZER ENGINEERS	BENJAMIN KURZBAN & SON CONTROL	
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
Signature	Signature	Signature
08/06/02	08/06/02	
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.

	NYC DEP	08/06/02
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.

ACP7
2/2001

NYC-WTC_000123268

NYC 9/11 Public Portal Document

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
www.nyc.gov/dep

ASBESTOS PROJECT AMENDMENT FORM
FOR FORM ACP 7

FOR OFFICIAL USE ONLY
Fee (if any) $ _____
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# _____ Facility Address 204 BROADWAY Borough MN Zip 10038

Date ACP7 was filed _____ Variance # (If any) _____

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

39 Amen

Original Start Date 08/07/02 Original Completion Date 09/07/02 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 _____ 13. Contact Person _____

14. Federal Employer ID. # _____ 15. Tel. # _____ Fax # _____

16. Address _____ City _____ State _____ Zip _____

V. THIRD PARTY AIR MONITOR

17. Name _____ 18. Contact Person _____

19. Federal Employer ID. # _____ 20. Tel. # _____ Fax # _____

21. Address _____ City _____ State _____ Zip _____

22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

☐ Project Cancelled
☐ Project Postponed

24. Starting date for this portion of work _____ Projected completion date _____

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 6720 Square Feet, and/or 0 Linear Feet

Reduction in the amount of ACM to be disturbed during this work _____ Square Feet, and/or _____ 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 _____
(For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner _____ Tel. # _____

Name of Company (If any) _____ Fax # _____

Address _____ City _____ State _____ Zip _____

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

_____ NYC DEP 08/08/02
Signature of Applicant /Owner Date

ACP 8

NYC-WTC_000123269

(47)

8/6

Cold 204 Broadway 8/7/02

NAMES	IN	OUT	IN	OUT	SS #s.
	AL	AL	AL	AL	
	[illegible]	[illegible]	[illegible]	[illegible]	
	[illegible]	[illegible]	[illegible]	[illegible]	
	[illegible]	[illegible]	[illegible]	[illegible]	
	[illegible]	[illegible]	[illegible]	[illegible]	
	[illegible]	[illegible]	[illegible]	[illegible]	
	[illegible]	[illegible]	[illegible]	[illegible]	

PII

PII

Progress Report 8/7/02

8AM Safty Meeting for Workers.
Topic: Water Control
Workers suit up and start to set up
For Power Washing & Clean up —
10AM Fine Cleaning in progress
Power Washing: Water being
Collected & Filtered to drain

NYC 9/11 Public Portal Document

(47)

204 Broadway 8/7/02.

Progress Report.

NAME

11AM - Powerwashing in progress. All Debris has been Vacumed.

4pm - Workers shower out Take Break

2pm - Back from Break Workers Suit up. Continuing Clean up & PowerWashing

4pm - PowerWashing in progress All Water being Collected & Filtered to drain

6pm - Start Double bag Square up Area. Bring in all Equipment

7pm - Bag out in progress. All Bags being Moved to the Container.

8pm - Workers Shower out & Sign Out Equipment & Door Secured.

End of Shift

8AM -

10 AM -

PII

NYC-WTC_000123271

NYC 9/11 Public Portal Document

48

8/8/02

204 Broadway

NAME	IN	OUT	IN	OUT	SS #
PII					PII

Progress Report 8/8

8AM - Safty Meeting For Workers. —
Topic o. Water Control.
Workers Suit up & Set up
For Clean up & power Wash.

10AM - PowerWashing in progress Fine Clean
All Water being Collected & filtered.

11AM - Fine Clean in progress
90% completed. After Break Insepection

NYC-WTC_000123272

(48)

204 Broadway 8/8

Progress Report.

NAMES

PII

M - Workers shower out take break.

pm - Back from workers suit up.
Insepection in progress
Workers walking threw Job site
with D.E.P Insepector.

pm - Work Area pass but given
a Extra Wall to do.

pm - Powerwashing in progress
No problems on site

pm - Extra Wall has been completed.
Insepection in progress.

m - Work Area pass Insepetion.
Workers Shower out
Area Secured. Equipment Locked up

NYC 9/11 Public Portal Document

SciLab Job #: **2020083068**

Client Name: Benjamin Kurzban & Son Control Inc.

Phase Contrast Microscopy (PCM) Fiber Results

204 Broadway

SciLab Sample #	Client Sample # / Location	Date Collected	Flow Rate (liters/min.)	Duration (min.)	Air Filtered (liters)	Fields	Fibers	Fiber Density (Fibers/mm^2)	Fibers Conc. (Fibers/cc)	TWA
01	1	08/07/2002	2.5	30	75	100	2	2.55	< 0.036	
	Jan Baronjan PII									
02	2	08/07/2002	2.5	480	1200	100	3	3.82	< 0.002	
	Jan Baronjan PII									

Reporting Notes:

Analyzed by: Devin M. Ahyee D. Ahyee ; Date Analyzed: 08/17/2002

Samples analyzed by NIOSH 7400(A) Method, Issue #2, 8/15/94: Limit of Detection= 5.5 fibers per 100 fields or 7 fibers/mm2: This report relates ONLY to the sample analysis expressed as fibers/sq mm of filter area: ND=No fibers observed: NA= Not Analyzed; Walton-Beckett graticle field area = 0.00785 mm2 TWA = 8 Hr TWA calculation assumes zero exposure for remainder of 8 hr period not sampled: Upper 95% Confidence limit (Employers Compliance Test)- Calculated as a one sided UCL to determine 95% certainty of compliance with the 0.01 fiber/cc standard: Estimated relative standard deviation: Intralab Sr=0.405, Interlab Sr=0.45, New York samples (NYSDOH ELAP Lab # 11480): National Institute of Standards and Technology Accreditation requirements mandate that this report must not be reproduced except in full without the approval of the laboratory. AIHA # 103843.

08/17/2002 04:40 2126799164 SCILAB NYC PAGE 02/03

E126WTC

EMERGENCY

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION DEP 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)

TRU 1259MN02
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 204 BROADWAY Borough MAN Zip 10038

AKA _____ 3. Block _____ 4. Lot _____

5. Type of Facility COMMERCIAL 6. Name of Building _____

II. BUILDING OWNER

7. Name COLLEGIATE CHURCH 8. Contact Person D. RIVNAR

9. Tel. # (212) 233-1960 Fax # _____

10. Address 45 JOHN STREET City NEW YORK State NY Zip 10038

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name BENJAMIN KURZBAN & SON CONTROL INC 13. Contact Person LOUIE IANNICO

14. Federal Employer ID. # PII 15. Tel. # (718) 531-2900 Fax # (718) 209-1808

16. Address 1248 RALPH AVENUE City BROOKLYN State NY Zip 11236

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS 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 _____ 23. NYS DOH ELAP # _____

VI. PROJECT INFORMATION

24. Starting date for this portion of work 08-07-02 Projected completion date 09-07-02

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

Shift from: 8:00 A ☒ am ☐ pm to 8:00 ☐ 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

12330 Square Feet, and/or 0 Linear Feet

RECEIVED AUG 07 2002 DEP BANHM ASBESTOS/LEAD PROGRAM TRUG 1

BUREAU OF ENVIRONMENTAL COMPLIANCE & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 2

NYC 9/11 Public Portal Document

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler IESI, NY NYS DEC Permit # NJ-462 Tel.# (718) 522-2263

Disposal Site(s) BLUERIDGE LANDFILL PO BOX 399 SCOTSDALE PA 17254

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

TRR 1259 MN

30. LOCATIONS OF ABATEMENT ROOF MATERIAL: ROOF MEMBRANE (TAR)

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		ROOF SURFACE	11826		INCLUDES METAL SURFACES
"		BULKHEAD WALLS	504		

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.

WARREN & PANZER ENGINEERS Print Name of Air Monitor	BENJAMIN KURZBAN & SON CONTROL Print Name of Asbestos Contractor	Print Name of Applicant (if other than Owner)
Signature	Signature	Signature
08/06/02 Date	08/06/02 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.

Print Name of Owner	Signature NYC DEP	08/06/02 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

NYC-WTC_000123276

NYC 9/11 Public Portal Document

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

www.nyc.gov/dep

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 ONLY
Fee (If any) $ _____
2002A-1916
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# TRU1259MN02 Facility Address 204 BROADWAY Borough MN Zip 10038

Date ACP7 was filed _____ Variance # (If any) _____

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

Original Start Date 08/07/02 Original Completion Date 09/07/02 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 _____ 13. Contact Person _____

14. Federal Employer ID. # _____ 15. Tel. # _____ Fax # _____

16. Address _____ City _____ State _____ Zip _____

V. THIRD PARTY AIR MONITOR

17. Name _____ 18. Contact Person _____

19. Federal Employer ID. # _____ 20. Tel. # _____ Fax # _____

21. Address _____ City _____ State _____ Zip _____

22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____

RECEIVED
AUG 9 2002
BUREAU OF ENVIRONMENTAL INVESTIGATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM

VI. PROJECT INFORMATION

☐ Project Cancelled
☐ Project Postponed

24. Starting date for this portion of work _____ Projected completion date _____

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 6720 Square Feet, and/or 0 Linear Feet

Reduction in the amount of ACM to be disturbed during this work _____ Square Feet, and/or _____ 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 _____
(For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner _____ Tel. # _____

Name of Company (If any) _____ Fax # _____

Address _____ City _____ State _____ Zip _____

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

NYCDEP 08/08/02
Signature of Applicant /Owner Date

BUREAU OF ENVIRONMENTAL INVESTIGATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 2

ACP 8
2/2001

NYC-WTC_000123277

NYC 9/11 Public Portal Document

IESI NY CORPORATION

110 5th Street • Brooklyn, NY 11215
Phone: 718-522-2263 • Fax: 718-522-2697

MANIFEST

11784

DATE 8/13/02

GENERATOR

1. Job Site Address
204 Broadway
New York, N.Y.

Owner's name
Dept Of Enviro Protection

Wait and Load
Time In
Time Out

2. Contractor's name and address
Benjamin Kurzban & Son
1248 Ralph Avenue
Brooklyn, NY 11236

Drop Date

3. Waste disposal site (WDS) name, mailing address and physical site location
IESI Pa Blue Ridge Landfill Corporation
P.O. Box 399
Scotland, Pa. 17254

WDS phone number
Permit # 100934

4. Name and address responsible agency (Local, District or EPA Office where notification was sent)
US EPA 290 Broadway, New York 10007

TRANSPORTER

5. Description of materials	6. VEH. LIC. # 29676 MA	7. TOTAL QUANTITY
(RQ) WASTE ASBESTOS 9, NA2212, III	TYPE (closed)	BAGS
	SIZE 40	3 CUBIC YARDS
8. Generator Certification	Box 4624	T/C 11479

9. CONTRACTOR CERTIFICATION: I hereby declare that the contents of this consignment are fully and accutately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international government regulations.

Printed/Typed Name	Title	Signature	Date (M/D/Y)
			8/13/02

10. Transporter #1 (Acknowledgement of receipt of materials)
IESI NY CORPORATION • 110 5th Street, Brooklyn, NY 11215

DEC Permit No. NJ462

Printed/Typed Name	Title	Signature	Date (M/D/Y)
[illegible]	DRIVER	[illegible]	8/13/02

11. Transporter #2 (Acknowledgement of receipt of materials)
IESI

DEC PERMIT # NJ462

Printed/Typed Name	Title	Signature	Date (M/D/Y)
[illegible]	PA	[illegible]	8/15/02

12. Discrepancy indication space

WASTE SITE

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item #12

Printed/Typed Name	Title	Signature	Date (M/D/Y)
Kalina Kulik	Gatekeeper	KKK	8/16/02

WHITE:LANDFILL • GREEN:IESI • PINK:GENERATOR • YELLOW:CONTRACTOR • GOLD:JOB SITE

NYC-WTC_000123278