

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

(718) 531-2900

INVOICE**1175**

TO

Dept of Environmental Protection

59-17 Junction Blvd

Corona, NY 11368

DATE 8/23/02	ORDER NO.
SHIP TO Contract ROF-REM2	

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

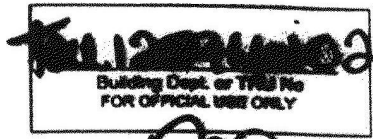
Benjamin Kurzban

Thank You!

212667
EMERGENCY
 WRITTEN
 FORMS WILL BE
 ACCEPTED


NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

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


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. RINAR
 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 LANNICO
 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

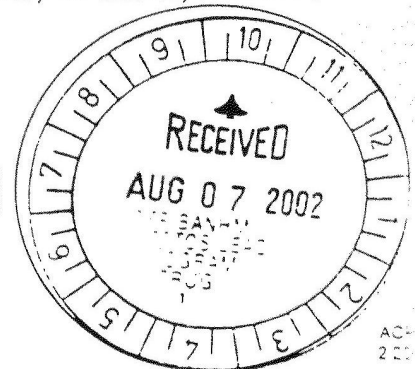
Shift from: 8⁰⁰ ☒ am ☐ pm to 5⁰⁰ ☐ am ☒ pm

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



ASBESTOS INSPECTION REPORT (continued)

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

Disposal Site(s) BURRIDGE 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)

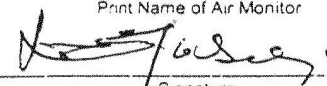
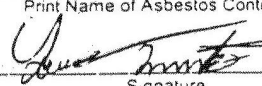
- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

TRAIL 1259441

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 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.

<u>WARREN & PANZER ENGINEERS</u> Print Name of Air Monitor  Signature <u>08/06/02</u> Date	<u>BENJAMIN KURZBAN & SON CORP.</u> Print Name of Asbestos Contractor  Signature <u>08/06/02</u> Date	_____ Print Name of Applicant (If other than Owner) _____ Signature _____ 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.

 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.

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 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 MAN 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 # _____

VI. PROJECT INFORMATION

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

☐ 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 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 Procedures 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.

Signature of Applicant / Owner

NYCDEP 08/08/02

Date

ACP 8
3/2001

RECEIVED BY THE
BUREAU OF ENVIRONMENTAL
PROTECTION
APPLICANTS ONLY
TELEPHONE

478

8/6

204 Broadway

8/7/02

NAMES	IN	OUT	IN	OUT	SS #s.
PII	AL	AL	AL	AL	
	JP	JP	JP	JP	
	LAW	LAW	LAW	LAW	
	W	W	W	W	
	W	W	W	W	
	W	W	W	W	
	LAW	LAW	LAW	LAW	
	LAW	LAW	LAW	LAW	

PII

Progress Report

8/7/02

8am Safety Meeting for Workers.
 Topic: Water Control.
 Workers sit up and start to set up
 For Power Washing & CLEAN up -
 10AM FINE CLEANING in progress
 Power Washing: Water being
 Collected & Filtered to drain

(47)

204 Broadway Progress Report. 8/1/02

NAMF

PII

- 11AM - Powerwashing in progress.
All Debris has been Vacuumed.
- 12pm - Workers shower out Take Break
- 2pm - Back From Break Workers Sort 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

10AM

11AM

48

1/2/02

204 Broadway

8/8/02

NAME

IN	OUT	IN	OUT
OK	OK	OK	OK
OK	R	OK	OK
OK	OK	OK	OK
OK	OK	OK	OK
OK	OK	OK	OK
OK	OK	OK	OK
OK	OK	OK	OK
OK	OK	OK	OK
OK	OK	OK	OK

SS #s

PII

PII

Progress Report

8/8

- 8AM - Safety Meeting For Workers. -
Topic: Water Control.
Workers suit up & Set up
For Clean up & power Wash.
- 10AM - Power Washing in progress FINE Clean
All Water being Collected & Filtered.
- 11AM - FINE CLEAN in progress
90% completed. After BREAK Inspection

48

204 Broadway
Progress Report

NAMES

PII

- 11:00 - Workers Shower out ~~TAKE BREAK~~
 12:00 - Back from Workers Suit up.
 Inspection in progress
 Workers walking thru Job site
 with D.E.P Inspector. —
 1:00 pm - Work Area pass but given
 A Extra Wall to do. —
 2:00 pm - PowerWashing in progress.
 No problems on site —
 3:00 pm - Extra Wall has been completed.
 Inspection in progress. —
 4:00 pm - Work Area pass Inspection.
 Workers Shower out
 AREA Secured. Equipment Locked up

SciLab Job #: 202083068

Page 1 of 1

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 Jan Baronjan PII	08/07/2002	2.5	30	75	100	2	2.55	< 0.036	
02	2 Jan Baronjan PII	08/07/2002	2.5	480	1200	100	3	3.82	< 0.002	

Reporting Notes:

Analyzed by: Devin M. Ahyc D. Ahyc ; 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 (NYS DOH 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

EMERGENCY
E126 WTC
WRITTEN
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Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TELE 125944NOE
Building Dept. or TRU No
FOR OFFICIAL USE ONLY
1. Dep
(See fee schedule)

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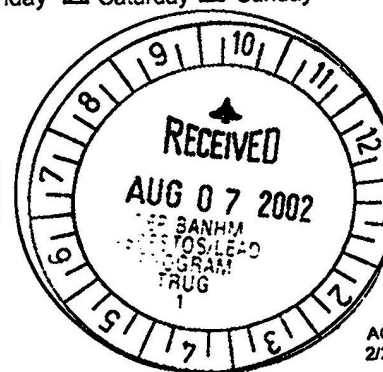
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If other,
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BUREAU OF ENVIRONMENTAL
PROTECTION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
TRU 2

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 ONLY

Fee (if any) \$

2002A-1916

Amendment

Information Only: ☐ Yes ☒ No

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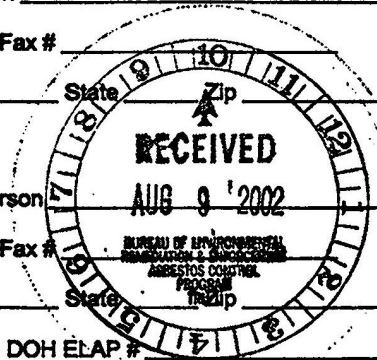
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(For each floor list ACM quantity and type)

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.

Signature of Applicant /Owner

NYCDEP 08/08/02
Date

BUREAU OF ENVIRONMENTAL
REGULATION & ASBESTOS CONTROL
ASBESTOS CONTROL PROGRAM
10/12

ACP 8
2/2001

IESI NY CORPORATION

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

MANIFEST

11784

DATE 8/13/02

G E N E R A T O R	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			
	5. Description of materials (RQ) WASTE ASBESTOS 9, NA2212, III		6. VEH. LIC. # 29696 PA TYPE Closed SIZE 40	7. TOTAL QUANTITY 3 BAGS 3 CUBICYARDS
	8. Generator Certification		Box 4024	I/c 11479
	9. CONTRACTOR CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately 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) <u>8/13/02</u>		DEC Permit No. <u>100934</u> NI 462	
	10. Transporter #1 (Acknowledgement of receipt of materials) IESI NY CORPORATION • 110 5th Street, Brooklyn, NY 11215		DEC Permit No. <u>100934</u> NI 462	
	Printed/Typed Name <u>Philip Morris</u> Title DRIVER Signature <u>Philip Morris</u> Date (M/D/Y) <u>8/13/02</u>		DEC PERMIT # <u>100934</u> NI 462	
11. Transporter #2 (Acknowledgement of receipt of materials)		DEC PERMIT # <u>100934</u> NI 462		
Printed/Typed Name <u>Tosin</u> Title PPA Signature <u>Tosin</u> Date (M/D/Y) <u>8/15/02</u>		DEC PERMIT # <u>100934</u> NI 462		
12. Discrepancy indication space				
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 <u>Kalena K. Kirk</u> Title <u>Gatekeeper</u> Signature <u>KKK</u> Date (M/D/Y) <u>8/16/02</u>				

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