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

INVOICE

Date: 09/25/02 Inv. No.: F1168
Due Date: Page No.: 1

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 SITE: job sites listed below

REFERENCE	TERMS	YOUR #	OUR #	SALES REP
TEL: 718-595-3671	Upon Completion	CONTRACT ROF-REM1	F1168	PG

Exterior Cleanup

Address		Asphalt Roof	Unit Price	facade	Unit Price	Gravel Roof	Unit Price	Total
22 Warren Street	roof	2500 sq ft	@ 1.48					3,700.00
	façade			2250 sq ft	@ 2.50			5,625.00
12-16 Vesey Street	façade			3375 sq ft	@ 2.50			8,437.50
	gravel roof					3450 sq ft	@ 2.98	10,281.00
	3rd setback	552 sq ft	@ 1.48					816.96
	back setback	544 sq ft	@ 1.48					805.12
	2nd fl setback	510 sq ft	@ 1.48					754.80
	1st fl setback	200 sq ft	@ 1.48					296.00
56-58 Warren Street	roof	4500 sq ft	@ 1.48					6,660.00
	façade			3275 sq ft	@ 2.50			8,187.50
116 Chambers Street	façade			1875 sq ft	@ 2.50			4,687.50
5-7 Dey Street	1st fl (awnings)			780 sq ft	@ 2.50			1,950.00
57 Murray Street	façade			1260 sq ft	@ 2.50			3,150.00
	roof	1680 sq ft	@ 1.48					2,486.40
59 Murray Street	façade			780 sq ft	@ 2.50			1,950.00
	roof	2160 sq ft	@ 1.48					3,196.80
								62,984.58

WWW.ACTIONHAZMAT.COM

SUB TOTAL	$ 62,984.58
TAX	0.00
TOTAL	$ 62,984.58
NET TO PAY	

160 WTC

EMERGENCY

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 NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU 1506 M/N02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. Type 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 5-7 DEY STREET Borough N.Y. Zip 10007
AKA _____ 3. Block 63 4. Lot 12
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name SAKELE Brothers, LLC 8. Contact Person _____
9. Tel. # (212) 964-1886 Fax # _____
10. Address 5 DEY STREET 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. # _____ 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 9/25/02 Projected completion date 9/25/02

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.

RECEIVED
SEP 16 2002
BUREAU OF ENVIRONMENTAL INVESTIGATION & REMEDIATION ASBESTOS CONTROL PROGRAM

25. Total amount of asbestos-containing material to be abated during this work
5,980 Square Feet, and/or _____ Linear Feet

DEP BUREAU OF ENVIRONMENTAL INVESTIGATION & REMEDIATION ASBESTOS CONTROL PROGRAM

ACP 7
2/2001

E 160 WTC. TRU 1506MN02

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 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)		5200		
1ST FL	(AWNINGS)	(FACADE)	780		

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 GUANARCE	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.

ALPHONSE PLUMPTRE — Print Name of Owner
Signature
9/16/02 — 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

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-2210
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# TRU1506MN02 E 160 WTC Facility Address 5-7 DEY STREET Borough MN Zip 10007

Date ACP7 was filed SEPT. 16, 2002 Variance # (If any) _____

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

Original Start Date 9/25/02 Original Completion Date 9/25/02 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 _____

RECEIVED
SEP 20 2002
PROGRAM
TRUG

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 _____ Square Feet, and/or _____ Linear Feet

Reduction in the amount of ACM to be disturbed during this work 5,200 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 ROOF (ASPHALT) REMOVE LINE, NO WORK AT ROOF
(For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner SAKELE BROTHERS, LLC Tel. # (212) 964-1886

Name of Company (If any) _____ Fax # _____

Address 5 DEY STREET City N.Y. State N.Y. Zip 10007

I hereby declare that the information provided herein is true and complete. Peny Theodorellys 9/20/02
Signature of Applicant / Owner Date

DEP BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 2

ACP 8
2/2001

PAGE 1 OF

ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET				INSPECTION DATE
5-7	Dey Street				9/21/02
DOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #
Main	10007	1				ADIO

INSPECTOR: PHONE: PLUMPTRE BLDG TYPE: BASIS OF INSPECT.: IRI1506MN02 PHOTOS TAKEN YES / NO

CONTRACTORS NAME: FIBER CONTROL

ADDRESS: 3010 BURNS AVE CITY: WANTAGH

STATE: N.Y ZIP: 11793 PHONE: (516) 781-3000

LABORATORY NAME: WARREN & PANZER ENGINEERS, PC

ADDRESS: 338 E. 45TH ST CITY: N.Y

STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077

CONTACT PERSON:

INSPECTION DISCLOSED:

SAMPLE NO.

SAMPLE NO.

SAMPLE NO.

OWNERS NAME: SAKELE Brothers Co

ADDRESS: 7 Dey Street CITY: N.Y

STATE: N.Y ZIP: 10007 PHONE:

TIME OF INSPECTION FROM: 8:15 am/pm TO: 9:2 am/pm

Prior to the Cleanup of the roof and the main Street Awnings, the roof has been cleaned and there was no visible debris observed on it. A new roof is being installed before my arrival.

The only thing to clean is the Awnings on the Street which was Cleaned on 9/21/02. After the Cleanup, there was no visble debris observed on and underneath the Awnings.

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS
		PL

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)

ECP 30/0

FILE