

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

DESCRIPTION		UNIT PRICE		QUANTITY		UNIT PRICE		EXTENDED PRICE	
REFERENCE						ITEM DISCOUNT			
Exterior Cleanup									
Address		Asphalt Roof Unit Price		facade Unit Price		Gravel Roof Unit Price		Total	
22 Warren Street		roof	2500 sq ft @ 1.48	2250 sq ft @ 2.50				3,700.00	
		façade						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	3275 sq ft @ 2.50				6,680.00	
		façade						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	
TAX	\$ 62,984.58
TOTAL	0.00
	\$ 62,984.58
NET TO PAY	

E 160 WTC



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 MND2
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYC 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 NYC DEP 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 WANTASH 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, LLC 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

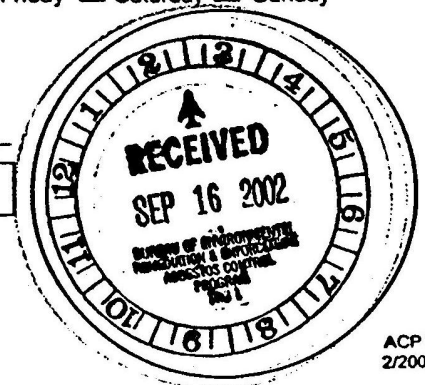
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
specify _____

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

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

5,980 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

DEP
BUREAU OF ENVIRONMENTAL
CONSTRUCTION & EMERGENCY
RESPONSE
ASBESTOS CONTROL
PROGRAM
16117

26. Asbestos Hauler COGANO NYS DEC Permit # CT-098 Tel.# 800-272-3867
Disposal Site(s) SOUTHERN ALLEGHENIES, VALLEY LANDFILL

a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration
e) ☐ Fireproofing Replacement f) ☐ Other (Describe) _____

☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application[illegible]

<u>BOSUN O GUINANCE</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner) <u>[Signature]</u> Signature <u>6-3-02</u> Date
--	---	---

Print Name of Owner Alphonse Plumptre Signature [Signature] Date 9/16/02

Any modification of information provided on this form must be reported immediately in writing directly to the NYC DEP ACP.

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-2216
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# TRU1506MND2 Facility Address 5-7 DEY STREET Borough MAN 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:

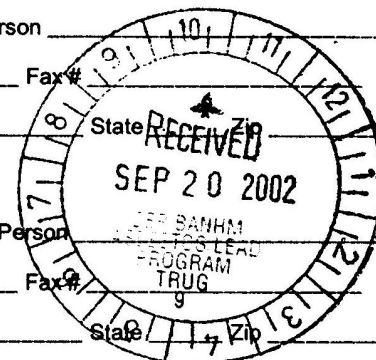
A notification may be modified no more than twice.
Only the building owner may amend items IV and V.
The original applicant or building owner may amend all other items.

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name _____ 13. Contact Person _____
14. Federal Employer ID. # _____ 15. Tel. # _____ Fax # _____
16. Address _____ City _____ State _____ Zip _____

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 _____ 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.

Perry Theodorellis
Signature of Applicant / Owner

9/20/02
Date



ACP 8
2/2001

ASBESTOS INSPECTION REPORT

PAGE 1 OF 1

EMISE NO. 5-7 Day Street						STREET		INSPECTION DATE 9/21/02	
DOOR Main		ZIP 10007		BORO CODE 1		BLOCK		LOT	
SQUAD #		BADGE # AD10		PHOTOS TAKEN		YES / NO			
SPECTOR J. Plumptre		BLDG TYPE		BASIS OF INSPECT. TRU1506Mn02					
CONTRACTORS NAME FIBER CONTROL						SAMPLE NO.			
ADDRESS 3010 BURNS AVE CITY WANTACH						SAMPLE NO.			
STATE N.Y. ZIP 11793 PHONE (516) 781-3000						SAMPLE NO.			
LABORATORY NAME WARREN & PANZER ENGINEERS, PC						OWNERS NAME SAKEL Brothers Co			
ADDRESS 228 E. 45TH ST CITY N.Y.						ADDRESS 7 Day Street CITY N.Y.			
STATE N.Y. ZIP 10017 PHONE (212) 922-0077						STATE N.Y. ZIP 10007 PHONE			
CONTACT PERSON:						TIME OF INSPECTION FROM: 8:15 am TO: 9:20 am			
INSPECTION DISCLOSED:									

Prior to the cleaning 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 visible 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)

FILE