

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

INVOICE

Date: 6/24/02 Inv. No.: F1027
Due Date: Page No.:

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 Locations
See Below

REFERENCE TERMS YOUR # OUR # SALES REP
F1027 PG

DESCRIPTION REFERENCE	UNIT MEASURE	QUANTITY	UNIT PRICE ITEM DISCOUNT	EXTENDED PRICE	
CONTRACT NO. ROF-REM1					
Exterior Cleanup					
<u>Address</u>	<u>Facade</u>	<u>Roof</u>	<u>Lot</u>	<u>Unit Price</u>	<u>Total</u>
96 Chambers Street	720 sq ft			@ \$2.50 per ft	1,800.00
98 Chambers Street	1170 sq ft			@ \$2.50 per ft	2,925.00
155 Chambers Street	1950 sq ft			@ \$2.50 per ft	4,875.00
156 Chambers Street	2160 sq ft			@ \$2.50 per ft	5,400.00
27 Park Place	1520 sq ft			@ \$2.50 per ft	3,800.00
173 Broadway	3720 sq ft			@ \$2.50 per ft	9,300.00
173 Broadway		2400 sq ft		@ \$1.48 per ft	3,552.00
175 Broadway	1875 sq ft			@ \$2.50 per ft	4,687.50
175 Broadway		2000 sq ft		@ \$1.48 per ft	2,960.00
177 Broadway	1950 sq ft			@ \$2.50 per ft	4,875.00
177 Broadway		2470 sq ft		@ \$1.48 per ft	3,655.60
179 Broadway	2340 sq ft			@ \$2.50 per ft	5,850.00
179 Broadway		2860 sq ft		@ \$1.48 per ft	4,232.80
12 Barclay Street (asphalt roof rate as agreed upon)		10,506 sq ft	@ \$1.48		15,548.88

SUB TOTAL	73,461.78
TAX TOTAL	
NET TO PAY	73,461.78

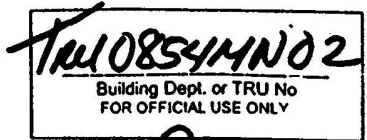
OK 7-17-02

E014WTC

EMERGENCY



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107



ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

ASBESTOS PROJECT NOTIFICATION (ASBESTOS INSPECTION REPORT)

1. Dup
(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 27 PARK PL Borough N.Y. Zip _____
AKA 111 CHURCH STREET 3. Block _____ 4. Lot _____
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 27 PARK PLACE ASSOCIATES INC. 8. Contact Person _____
9. Tel. # PII Fax # _____
10. Address PII City BROOKLYN State N.Y. Zip 11209

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. # 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 SCIENTIFIC LABORATORIES, INC. 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/17/02 Projected completion date 7/17/02

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

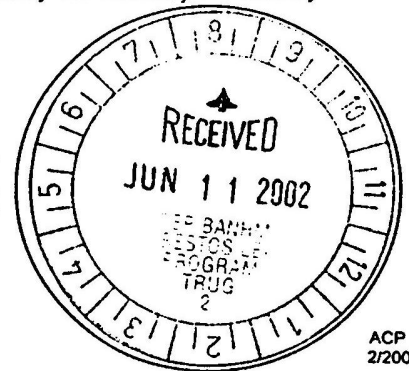
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

1520 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

DEP
BUREAU OF ENVIRONMENTAL
CONSTRUCTION & EQUIPMENT
ASBESTOS CONTROL
PROGRAM
TRUG 2

6/17 -
6/17

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

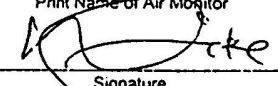
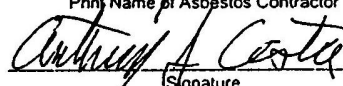
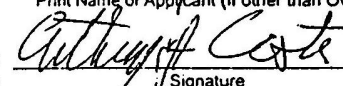
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ 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 LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
FACADE	1 ST & 2 ND FL + KIOSK		1520	

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

A.P. _____
 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.

ATC Associates

104 East 25 Street, New York, NY 10010

Phone: (212) 353-8280

Fax: (212) 353-8306



Attn: Mr. Fabio Pedone

Warren & Panzer Engineers, P.C.

228 E. 45th Street

New York

NY 10017

Fax: (212) 922-0630

Phone: (212) 922-0077

Project: NYC-DEP W & P File #: 1079.01.02

27 Park Pl.

Received: 6/15/02

10:00:00 PM

ATC Group #: 8129

Analysis Date: 6/16/02

Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM) Performed by EPA 40 CFR Part 763 Final Rule (AHERA)

Sample	Volume	Area Analyzed	Non Ash	Asbestos Type(s)	# Structures 0.5µ-5 µ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm ²)	(S/cc)	Notes
01 8129 -1	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048
02 8129 -2	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048
03 8129 -3	1440.00	0.0562	0	None Detected	0	0	0.0048	<17.79	<0.0048

ROMAN PEYSAKHOV

Analyzed by:

MICHAEL A. GORYCKI, Ph.D.

Approved by:

Disclaimer: The laboratory is not responsible for data reported in structures/cc, which is dependent on volume collected by non-laboratory personnel. This lab is only responsible for data reported in structures/mm². This report may not be reproduced, except in full, without written approval by ATC Associates Inc. This report may not be used to claim product endorsement by NVLAP or any other agency of the U.S. Government. This report relates only to the samples reported above. Quality control data (including 95% confidence limits and laboratory and analysis accuracy and precision) is available upon request.

Accredited for NVLAP PLM/TEM #101187-0, NY State ELAP #10679

ASBESTOS INSPECTION REPORT

PAGE 1 OF

PREMISE NO.		STREET				INSPECTION DATE	
27		Park PLACE / 111 Church ST				6/15/02	
FLOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #	
FACADE	10007	1	124	12	1	AD10	
INSPECTOR		BLDG TYPE	BASIS OF INSPECT.			PHOTOS TAKEN YES / NO	
ALPHONSO PLUMPTRE			TR40854mmob				
CONTRACTORS NAME				SAMPLE NO.			
FIBER CONTROL							
ADDRESS				SAMPLE NO.			
3010 BURNS AVE WANTACH							
STATE				SAMPLE NO.			
N.Y. ZIP 11793 PHONE (516) 781-3000							
LABORATORY NAME				OWNERS NAME			
WARREN & PANZER ENGINEERS PC				27 Park PLACE Associates			
ADDRESS				ADDRESS			
328 E. 45TH ST CITY N.Y.				9210 4TH AVE CITY Bk			
STATE				STATE			
N.Y. ZIP 10017 PHONE (212) 922-0077				N.Y. ZIP 11209 (718) 748-6770			
CONTACT PERSON				TIME OF INSPECTION FROM: TO:			
TONY COSTA				2:00 pm 4:00 pm			
INSPECTION DISCLOSED:							

The Cleanup of the 1st and 2nd facade was done including the Kiosk Roof and its back. No visible debris observed after the cleanup of Kiosk and the facade.

NOV #	#INFRCTIONS					RESULT CODE
						5
NOV #						SUPERVISORS INITIALS
						lu

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)

ACP 30/93

FILE

**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 48714

EMERGENCY RESPONSE
TELEPHONE
#1-800-272-3867

FB# 6024

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number **FIBER CONTROL INC.** P.O. # _____
Contractor **3010 BURNS AVENUE**
Address **WANTAGH** **NY** **11793**
City **WANTAGH** State **NY** Zip **11793**
Telephone Number **516/781-3000** Date **06/20/02**
Date Container Del. **100 YARD** Date of Pickup _____
Type of Container **1/16**
VOLUME _____ **CY** Friable ☒ Non-Friable ☐
Bag ☒ Drum ☐ Wrapped ☐ Other ☐

GENERATOR/BUILDING OWNER

27 PARK PLACE ASSOCIATES INC
Address **9210 4TH AVENUE**
City **BROOKLYN, NY 11208** State **NY**
Phone Number _____

GENERATING LOCATION

Address **27 PARK PLACE**
City **NEW YORK, NY** State **NY**
Phone Number _____

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

Transporter 1: **FIBER CONTROL INC.** **3010 BURNS AVENUE WANTAGH, NY 11793** **516-781-3000**

Driver: **Anthony Costa** Name **Anthony Costa** Address **NY 11793** Registration #: **NY 1431 859 AL** State / # **NY / 1431 859 AL** 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]** Name **[Signature]** Address **[Signature]** Registration #: **0930154** State / # **NY** 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 06480
PHONE: (800) 272-3867 PERMIT # SW 1130223

Received By: **N/A** Date: _____

Certification of receipt of materials covered by this manifest.

Transporter 3: _____

Driver: _____ Name **N/A** Address _____ Registration #: _____ State / # _____ Date: _____

Acknowledgement of receipt of materials.

Landfill Name: **[Signature]** Phone No: **874479253**

Location: **[Signature]** Permit #: **10081/CT/005/96026/8845**

Approximate Volume of Asbestos Received: **1/16 CY**

Discrepancy If Any: _____

Received by: **Michael Hane** Date: **6-21-02**

Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR