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

Address	Facade	Roof	Lot	Unit Price	Total
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

TRU0854MN02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

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.

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 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. # 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.

RECEIVED
JUN 11 2002
DEP BANKS ASBESTOS PROGRAM TRUG 2

25. Total amount of asbestos-containing material to be abated during this work
1520 Square Feet, and/or _____ Linear Feet

DEP BUREAU OF ENVIRONMENTAL COMPLIANCE & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRUG

ACP 7
2/2001

6/17 6/17

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGNO 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.)
FACADE	1ST x 2ND 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.

Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
BOSUN O'GUINNARE	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.

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.

ACP7
2/2001

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	# Structures 5µ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm²)	Asbestos Concentration (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: RRy

MICHAEL A. GORYCKI, Ph.D.
Approved by:

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

228 East 45th Street
New York, NY 10017
(212) 922-9077
Fax (212) 922-0630

8129.

P.O. _____

WARREN & PANZER ENGINEERS, P.C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

CLIENT: NYC DEP
PROJECT: 27 PARK PL / 111 Church St.
LOCATION: FACADE

W&P FILE #: 1079.01.02
TURN AROUND: 24 HRS
TECHNICIAN: R. FERNANDEZ

Analysis Method: PCM - 7400
(circle one) (TEM - AHERA)
TEM - EPA LEVEL II

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR. (fib./cc.)
01	NEWSTAND	3		8.0	8.0	1402	1702	180	1440	
02	MIDDLE OF FACADE	3		8.0	8.0	1404	1704	180	1440	
03	ENTRANCE	3		8.0	8.0	1407	1707	180	1440	
04	FB	1					N/A			
05	FB	1					N/A			

SAMPLED BY: R. FERNANDEZ DATE: 6-15-02
SIGNATURE:
RELEASED BY: _____ DATE: _____
SIGNATURE: _____
RECEIVED BY: H. Gley DATE: 6.15.02
SIGNATURE: 22:00

SAMPLE TYPE CODES	
1 - Blank	5 - Final Clearance (inside)
2 - Pre-Abatement	6 - Final Clearance (outside)
3 - During Abatement	7 - Personal
4 - During Glove Bag Removal	8 - Background

SEE REVERSE SIDE FOR ANALYSIS INFORMATION

ASBESTOS INSPECTION REPORT

PAGE 1 OF _____

PREMISE NO.	STREET: 27 Park PLACE / 111 CHURCH ST					INSPECTION DATE: 6/15/02
FLOOR: FACADE	ZIP: 10007	BORO CODE: 1	BLOCK: 124	LOT: 12	SQUAD #: 1	BADGE #: AD10
INSPECTOR: ALPHONSO PLUMPTRE	BLDG TYPE	BASIS OF INSPECT.: TRI0854mmo				PHOTOS TAKEN YES / NO

CONTRACTORS NAME: FIBER CONTROL	SAMPLE NO.
ADDRESS: 3010 BURNS AVE CITY: WANTAGH	SAMPLE NO.
STATE: N.Y ZIP: 11793 PHONE: (516) 781-3000	SAMPLE NO.
LABORATORY NAME: WARREN & PANZER ENGINEERS, PC	OWNERS NAME: 27 Park PLACE Associates
ADDRESS: 328 E. 45TH ST CITY: N.Y	ADDRESS: 9210 4TH AVE CITY: Bklyn
STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077	STATE: N.Y ZIP: 11209 (718) PHONE: 748-6770
CONTACT PERSON: TONY COSTA	TIME OF INSPECTION FROM: 2:00 am/pm TO: 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 #	INFRACTIONS	RESULT CODE: 5
NOV #		SUPERVISORS INITIALS: [illegible]

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

WASTE MANAGEMENT

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 _____ (516)781-3000 State _____ Zip _____
Telephone Number 05/23/02 06/20/02
Date Container Del. _____ Date of Pickup _____
Type of Container 100 YARD 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 11209 State Zip
Phone Number

GENERATING LOCATION
Address 27 PARK PLACE
City NEW YORK, NY Zip
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 P. HANLON

Transporter 1: FIBER CONTROL INC. (Name) 3010 BURNS AVENUE WANTAGH, NY 11793 (Address) 516-781-3000 (Telephone #)
Driver: Anthony Costa (Signature) Registration #: NY / 451 859 AL (State / #) 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) Registration # 09301544 (State / #) 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 0648(
PHONE: (800) 272-3867 PERMIT # SW 1130223
Received By: N/A Date: _____
Certification of receipt of materials covered by this manifest.

Transporter 3: _____ (Name) _____ (Address) _____ (Telephone #)
Driver: _____ (Signature) Registration #: _____ (State / #) Date: _____
Acknowledgement of receipt of materials.

Landfill Name: [illegible] Phone No: 8144792537
Location: [illegible] Permit #: [illegible]
Approximate Volume of Asbestos Received: 1/16 CY
Discrepancy If Any: _____
Received by: [illegible] Date: 6-21-02
Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR