

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
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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

EMERGENCY
UNWRITTEN
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)

File 085571NO2
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

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 156 CHAMBERS ST Borough N.Y Zip 10007
AKA _____ 3. Block _____ 4. Lot _____
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name HERBERT MOSKOWITZ 8. Contact Person _____
9. Tel. # PII Fax # _____
10. Address PII City PII State PII

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 EKT 45th STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, Inc 23. NYS DOH ELAP # 11480

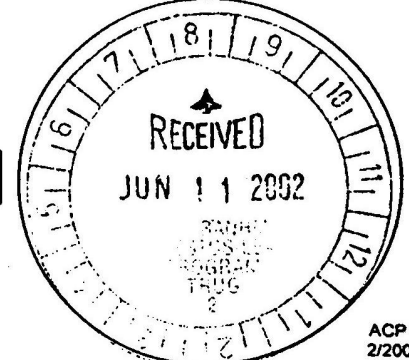
VI. PROJECT INFORMATION

24. Starting date for this portion of work 6/15/02 Projected completion date 7/15/02
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

2160 Square Feet, and/or _____ Linear Feet



*6/16 - 6/16
5 am*

ACP
2/200

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COZANO 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.)
<u>FACADE</u>	<u>ENTIRE</u>		<u>2160</u>		

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 OGUINAKI</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
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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

Received: 6/16/02

7:30:00 PM

ATC Group #: 8144

Analysis Date: 6/17/02

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

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

Sample	Volume	Area Analyzed	Non Asb	Asbestos Type(s)	# Structures 0.5µ-5 µ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm ³)	(S/cc)	Notes
01 8144 -1	1260.00	0.0674	0	None Detected	0	0	0.0045	<14.83	<0.0045
02 8144 -2	1260.00	0.0674	0	None Detected	0	0	0.0045	<14.83	<0.0045
03 8144 -3	1260.00	0.0674	0	None Detected	0	0	0.0045	<14.83	<0.0045
04 8144 -4	1260.00	0.0674	0	None Detected	0	0	0.0045	<14.83	<0.0045
05 8144 -5	1260.00	0.0674	0	None Detected	0	0	0.0045	<14.83	<0.0045

MARK 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/mm³. 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 #101167-0, NY State BAP #10679

ASBESTOS INSPECTION REPORT

PAGE 1 OF ____

PREMISE NO. 156		STREET CHAMBERS ST				INSPECTION DATE 6/16/02	
FLOOR FACADE	ZIP	BORO CODE 1	BLOCK 137	LOT 28	SQUAD # 1	BADGE # AD10	
INSPECTOR ALPHONSO PLUMPTRE		BLDG TYPE	BASIS OF INSPECTION TRUORSSMNO2			PHOTOS TAKEN YES / NO	
CONTRACTORS NAME FIBER CONTROL				SAMPLE NO.			
ADDRESS 3010 BURNS AVE				CITY WANTAGH			
STATE N.Y		ZIP 11793	PHONE (516) 781-3000		SAMPLE NO.		
LABORATORY NAME WARREN & PANZER ENGINEERS, PC				OWNERS NAME Mr. Herbert Moskowitz			
ADDRESS 228 E. 45TH ST				CITY N.Y			
STATE N.Y		ZIP 10017	PHONE (212) 922-0077		STATE		
CONTACT PERSON: TONY COSTA				TIME OF INSPECTION FROM: 5:00 AM TO: 9:00 AM			
INSPECTION DISCLOSED:							
Checked all the handlers and the supervisor and were morder. The Cleanup started early in the morning due to a store on Main floor which opens at 8:00 AM. All the entire facade was quickly completed and cleaned without visible debris observed.							

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS
		u

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 48713

EMERGENCY RESPONSE
 TELEPHONE
 #1-800-272-3867

FB# 6024

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number _____ P.O. # _____
 Contractor **FIBER CONTROL INC.**
 Address **3010 BURNS AVENUE**
 City **WANTAGH** State **NY** Zip **11793**
 Telephone Number **(516)781-3000**
 Date Container Del. **05/23/02** Date of Pickup **06/20/02**
 Type of Container **100 YARD**
VOLUME 1/16 CY Friable ☒ Non-Friable ☐
 Bag ☒ Drum ☐ Wrapped ☐ Other ☐

GENERATOR/BUILDING OWNER**HERBERT MOSKOWITZ**

Address

City

Phone Number

PII**GENERATING LOCATION**

Address

City

Phone Number

156 CHAMBERS STREET
NEW YORK, NY 10007

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 NY / 151 859 AL 06/19/02
 Signature _____ State / # _____
 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] 0930154 ne 6/20/02
 Signature _____ State / # _____
 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: _____
 Signature _____ State / # _____
 Acknowledgement of receipt of materials.

Landfill Name: [Signature] Phone No: 874 479 2537
 Location: [Signature] Permit # 100087/CT/PA/16004/1845

Approximate Volume of Asbestos Received: 1/16 CY
 Discrepancy If Any: _____
 Received by: [Signature] Date: 6-21-02
 Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR