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

INVOICE

Date: 07/18/02
Due Date:

Inv. No.: F1059
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	F1059	PG

Exterior Cleanup

Address	Asphalt Roof	Unit Price	facade	Unit Price	Total
10-12 CORTLAND ST	6204 sq ft @	1.48			$ 9,181.92
10-12 CORTLAND ST			5400 sq ft @	2.50	$ 13,500.00
110 READE ST	1325 sq ft @	1.48			$ 1,961.00
110 READE ST			2250 sq ft @	2.50	$ 5,625.00
111 READE ST	1998 sq ft @	1.48			$ 2,957.04
111 READE ST			1950 sq ft @	2.50	$ 4,875.00
26 WARREN ST	2392 sq ft @	1.48			$ 3,540.16
26 WARREN ST			1950 sq ft @	2.50	$ 4,875.00
53 WARREN ST	1752 sq ft @	1.48			$ 2,592.96
53 WARREN ST			1800 sq ft @	2.50	$ 4,500.00
54 WARREN ST	2185 sq ft @	1.48			$ 3,233.80
54 WARREN ST			1725 sq ft @	2.50	$ 4,312.50
143 CHAMBERS ST	2075 sq ft @	1.48			$ 3,071.00
143 CHAMBERS ST			1950 sq ft @	2.50	$ 4,875.00
144 CHAMBERS ST	1825 sq ft @	1.48			$ 2,701.00
144 CHAMBERS ST			1875 sq ft @	2.50	$ 4,687.50
145 CHAMBERS ST	2002 sq ft @	1.48			$ 2,962.96
145 CHAMBERS ST			1950 sq ft @	2.50	$ 4,875.00
148 CHAMBERS ST	1750 sq ft @	1.48			$ 2,590.00
148 CHAMBERS ST			2625 sq ft @	2.50	$ 6,562.50
154 CHAMBERS ST			1800 sq ft @	2.50	$ 4,500.00
41/43 MURRAY ST			3525 sq ft @	2.50	$ 8,812.50
49 MURRAY STREET			1950 sq ft @	2.50	$ 4,875.00
51 MURRAY STREET	2470 sq ft @	1.48			$ 3,655.60
51 MURRAY STREET			1950 sq ft @	2.50	$ 4,875.00
53 MURRAY STREET			1800 sq ft @	2.50	$ 4,500.00
26 VESEY STREET	2300 sq ft @	1.48			$ 3,404.00

SUB TOTAL	$ 128,101.44
TAX	0.00
TOTAL	$ 128,101.44
NET TO PAY	

R. Rad

E079WTC

EMERGENCY
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 1012 Hy 02
Building Dept. or VRD 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 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 154 CHAMBERS STREET Borough N.Y Zip 10007

AKA _____ 3. Block 137 4. Lot 29

5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name CHAMBERS House partners LLC 8. Contact Person _____

9. Tel. # (212) 406-4350 Fax # _____

10. Address 154 Chambers St 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 7/12/02 Projected completion date 8/15/02

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.

RECEIVED
JUN 28 2002
EP/BANHM
ESTOS/LEAD
PROGRAM
TRUG
2

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

1800 Square Feet, and/or _____ Linear Feet

DEP
BUREAU OF ENVIRONMENTAL COMPLIANCE & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
TRUG 2

ACP 7
2/2001

ASBESTOS INSPECTION REPORT (continued)

28. 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

TR 10/2 9402

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 duct, 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	ONLY		(800)		

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.

Bosun Guhnake	Anthony Costa	Anthony Costa
Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (if other than Owner)
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.

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

ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET					INSPECTION DATE
	154 CHAMBERS STREET					7/14/02
FLOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #
Facade	10007	1	131	29	1	AD10
INSPECTOR	BLDG TYPE	BASIS OF INSPECT.			PHOTOS TAKEN YES / NO	
ARTHUR PLUMPTRE						

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: CHAMBERS HOUSE Partners
ADDRESS: 228 E. 45TH ST CITY: N.Y	ADDRESS CITY
STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077	STATE ZIP PHONE: (212) 406-435
CONTACT PERSON:	TIME OF INSPECTION FROM: 3 00 am/pm TO: 5 00 am/pm
INSPECTION DISCLOSED:	

The Cleanup of the facade was completed and took us time to plasticize the entire Items infront of the building Hardware store.
There was any Visible debris observed after the Cleanup.

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS
		CA

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

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 49009

EMERGENCY RESPONSE TELEPHONE
#1-800-272-3867

FB# 7536 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. 06/26/02 Date of Pickup 07/25/02

Type of Container 100 YARD

VOLUME 1/4 **CY** Friable ☒ Non-Friable ☐

Bag ☒ Drum ☐ Wrapped ☐ Other ☐

RQ ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER

CHAMBERS HOUSE PARTNERS LLC

Address 154 CHAMBERS STREET

City State Zip NEW YORK, NY 10007

Phone Number

GENERATING LOCATION

Address 154 CHAMBERS STREET

City State Zip NEW YORK, NY 10007

Phone Number INV #: F1059

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 R. Pantony

Transporter 1: FIBER CONTROL INC. (Name) 3010 BURNS AVENUE WANTAGH, NY 11793 (Address) 516-781-3000 (Telephone #)

Driver: Tony Costa (Signature) Registration #: NY / 480 139 AR (State / #) Date: 07/24/02

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] (Signature) Registration #: 0930111 ME (State / #) Date: 7/25/02

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: N/A (Name) (Address) (Telephone #)

Driver: ______ (Signature) Registration #: ______ (State / #) Date: ______

Acknowledgement of receipt of materials.

Landfill Name: Southern Alleghenies Phone No: 814 479 2537

Location: Davidsville PA 15928 Permit # 100081/CH/008/960716/2845

Approximate Volume of Asbestos Received: 1/4 CY

Discrepancy If Any: ______

Received by: Michael Marr Date: 7-26-02

Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR