

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
 69-17 Junction Blvd
 Flushing, NY 11373-6108
 Att: Alphonso Plumptre
 Deputy Lab Director Supervising I.H.

JOB SITE: Job sites listed below

REFERENCE	TERMS	YOUR #	OUR #	SALES REP
TEL: 718-696-3671	Upon Completion	CONTRACT ROF-REM1	F1059	PG

DESCRIPTION		UNIT MEASURE	QUANTITY	UNIT PRICE	EXTENDED PRICE
REFERENCE				ITEM DISCOUNT	
Exterior Cleanup					
<u>Address</u>	<u>Asphalt Roof</u>	<u>Unit Price</u>	<u>façade</u>	<u>Unit Price</u>	<u>Total</u>
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	1326 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	
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R. Radh

E076WTC
EMERGENCY
YOUR WRITTEN
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 100944
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 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 148 CHAMBERS STREET Borough N.Y. Zip 10007
AKA _____ 3. Block 137 4. Lot 32
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name WASHINGTON MKT DEVL CORP. 8. Contact Person _____
9. Tel. # (212) 766-4400 Fax # _____
10. Address 148 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 WANTASH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

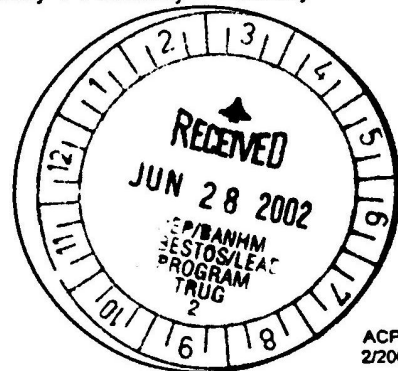
17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN
19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 EAST 45TH STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, LLC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 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.

25. Total amount of asbestos-containing material to be abated during this work
4375 Square Feet, and/or _____ Linear Feet



ACP: 2/200

U.S. P.
BUREAU OF ENVIRONMENTAL
RESTORATION & EMPOWERMENT
ASBESTOS CONTROL
PROGRAM
19912

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO NYS DEC Permit # CT-098 Tel. # 800-272-3861
 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

Tru 1009 M40:

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>2625</u>	
<u>Roof</u>	<u>(ASPHALT)</u>		<u>1750</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 GUARINALE</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. [Signature] _____
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# 1079.01.02

148 Chambers Street, Façade

Received: 7/15/02

7:00:00 AM

ATC Group #: 8497

Analysis Date: 7/15/02

**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 ²)	(S/cc)	Notes
001A 8497 -1	1450.00	0.0562	0	None Detected	0	0	0.0047	<17.79	<0.0047
002A 8497 -2	1450.00	0.0562	0	None Detected	0	0	0.0047	<17.79	<0.0047
003A 8497 -3	1450.00	0.0562	0	CHRYSTILE	0	1	0.0047	17.79	0.0047
004A 8497 -4	1450.00	0.0562	0	None Detected	0	0	0.0047	<17.79	<0.0047
005A 8497 -5	1450.00	0.0562	0	None Detected	0	0	0.0047	<17.79	<0.0047

5

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 #10879

WARREN & PANZER ENGINEERS, P. C.
AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

PAGE 1 OF 1

24 hr⁺/n 12 hr⁺/n 6 hr⁺/a 3 hr⁺/a Immediate +/a

Q.

CLIENT: NYU-DEP

W&P FILE #: 1074-01-02

CLIENT: N C-1221
PROJECT: FACADE CLEAN
LOCATION: 144 Chambers St

LABORATORY: A-50

ANALYSIS METHOD: PCM TEM TEM
circle one 7400 AHERA EPA LEVI

WAT

SCA JOB#:

SCA JOB#:

TECHNICIAN:

[illegible]

COMMENTS:

SAMPLE BY: <u>N. Wells</u>	DATE: <u>7/14</u>
SIGNATURE: <u>[Signature]</u>	
RELEASED BY: <u>[Signature]</u>	DATE: _____
SIGNATURE: _____	
RECEIVED BY: <u>ATC</u>	DATE: <u>7/15/02</u>
SIGNATURE: <u>[Signature]</u>	<u>7 am</u>

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



ATC Associates Inc.

104 East 25 Street

New York, NY 10010

TEL: (212) 353-8280 FAX: (212) 353-8306

FACSIMILE TELECOPY TRANSMISSION

To: Mr. Fabio Pedone
Warren & Panzer Engineers . P.C.

From: ROMAN PEYSAKHOV

Fax #: (212) 922-0630

ATC Group #: 8497

Date: Monday, July 15, 2002

Client Project: NYC DEP. W&P# 1079.01.02
148 Chambers Street, Facade

Time: 11:21:18 AM

Comments:

Number of Pages: 3
(including cover page)

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ASBESTOS INSPECTION REPORT

PAGE 1 OF 1

PREMISE NO.		STREET				INSPECTION DATE	
148 CHAMBERS STREET						7/12/02	
FLOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #	
RIF	10007	1	137	32	1	AD10	
INSPECTOR		BLDG TYPE	BASIS OF INSPECT			PHOTOS TAKEN YES/NO	
ALPHONSO PLUMPTRE			TRU1009M02				
CONTRACTORS NAME					SAMPLE NO.		
FIBER CONTROL							
ADDRESS					CITY		
3010 BURNS AVE					WANTAGH		
STATE	ZIP	PHONE	SAMPLE NO.				
N.Y.	11793	(516) 781-3000					
LABORATORY NAME					OWNERS NAME		
WARREN & PAUZER ENGINEERS, PC					Washington Market Develop Corp		
ADDRESS					CITY		
228 E. 45TH ST					N.Y.		
STATE	ZIP	PHONE	STATE		ZIP	PHONE	
N.Y.	10017	(212) 922-0077				(212) 716-4400	
CONTACT PERSON:					TIME OF INSPECTION FROM: 3:30 am/pm TO: 5:00 am/pm		
INSPECTION DISCLOSED:							

The Cleanup of the roof was done on 7/12/02 and it failed the first visual inspection and had to be re-cleaned. After the 2nd cleaning, there were no visible debris observed on the roof.

The facade was cleaned on 7/14/02 and no visible debris observed after the cleanup.

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS
		W

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 309:



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 49008

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. **06/28/02** Date of Pickup **07/25/02**
Type of Container **100 YARD**
VOLUME **1/8** CY Friable ☒ Non-Friable ☐
Bag ☒ Drum ☐ Wrapped ☐ Other ☐
ALL ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER

WASHINGTON MKT DEVL CORP
Address **148 CHAMBERS STREET**
City **NEW YORK, NY 10007** State **NY** Zip **10007**
Phone Number _____

GENERATING LOCATION

Address **148 CHAMBERS STREET**
City **NEW YORK, NY 10007** State **NY** Zip **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.** **3010 BURNS AVENUE WANTAGH, NY 11793** **516-781-3000**
Driver: *Tony Costa* Name _____ Address _____ Telephone # _____
Registration #: **NY / 480 139 AR** State / # _____ Date: **07/24/02**
Signature _____ 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 #: **0930111** 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 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 _____ Address _____ Telephone # _____
Registration #: _____ State / # _____ Date: _____
Signature _____ Acknowledgement of receipt of materials.

Landfill Name: *Southern Hills* Phone No: *8244792537*
Location: *Wardville PA 15925* Permit #: *00081/CT/004/96014/284*
Approximate Volume of Asbestos Received: *1/8 CY*
Discrepancy If Any: _____
Received by: *Richard Marx* Date: *7-26-02*
Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR