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

INVOICE

Date: 07/18/02 Inv. No.: F1059
Due Date: 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. Rach

ONLY 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 AMENDMENT FORM
FOR FORM ACP 7

FOR OFFICIAL USE ONLY
Fee (if any) $ 2002 A-1858
Amendment ____
Information Only: ☐ Yes ☑ No

A modification is valid only if it is received by the NYCDEP prior to the previously filed date of completion, except for start date changes that must be received by the original start date.

ACP7 TRU/BN# 1008MN07 Facility Address 143, CHAMBERS ST Borough N.Y Zip 10007

Date ACP7 was filed ____ Variance # (If any) ____

Was this ACP7 amended before? ☐ Yes ☒ No If yes, specify date ____

Original Start Date 7/12/02 Original Completion Date 8/15/02 from ACP 7, #24.

PLEASE ENTER THE INFORMATION THAT IS BEING CHANGED:

A notification may be modified no more than twice.
Only the building owner may amend items IV and V.
The original applicant or building owner may amend all other items.

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 AVENUE City WANTAGH State N.Y Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN ≈ PANZER ENGINEERS, P.C. 18. Contact Person MICHAEL NOLAN
19. Federal Employer ID. # ____ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
21. Address 228. E. 45th St City N.Y State N.Y Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

☐ Project Cancelled
☐ Project Postponed

24. Starting date for this portion of work 8/1/02 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 ____

25. Additional asbestos-containing material to be disturbed during this work 250 Square Feet and/or ____ Linear Feet

Reduction in the amount of ACM to be disturbed during this work ____ Square Feet, and/or ____ Linear Feet

RECEIVED AUG 2 2002 BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 1

29. Abatement Procedure for Additional Material (Check all appropriate boxes)
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

Other Changes ____

30. Locations of abatement modified by above ____
(For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner ALPHONSO PLUMPTRE Tel. # (718) 595-3682

Name of Company (If any) NYCDEP Fax # ____

Address ____ City ____ State ____ Zip ____

I hereby declare that the information provided herein is true and complete.

Signature of Applicant /Owner 8/1/02 Date

DEP BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 2

ACP 8 2/2001

E075WTC

EMERGENCY — NO HANDWRITTEN 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-1008M46
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 143 CHAMBERS STREET Borough N.Y Zip 10007
AKA _____ 3. Block 140 4. Lot 3
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name PLATGER AND CROWL ASSOC. 8. Contact Person _____
9. Tel. # (212) 925-1145 Fax # _____
10. Address 157, HUDSON STREET City N.Y State N.Y Zip 10013

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.

25. Total amount of asbestos-containing material to be abated during this work
4025 Square Feet, and/or _____ Linear Feet

RECEIVED
JUN 28 2002
DEP/BANHM
ASBESTOS/LEAD
PROGRAM
TRUG
2

DEP
BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL PROGRAM
TRU 7

ACP
2/200

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGANO 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# 1008M 02

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			1950		
Roof	(Asphalt)		2075		

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

E075WTC

EMERGENCY — DEP — NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION — www.nyc.gov/dep — HAND 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-1008M402
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYC DEP (See fee schedule)

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I. FACILITY

2. Address 143 CHAMBERS STREET Borough N.Y Zip 10007
AKA _____ 3. Block 140 4. Lot 3
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name PLATTGER AND CROWL ASSOC. 8. Contact Person _____
9. Tel. # (212) 925-1145 Fax # _____
10. Address 157, HUDSON STREET City N.Y State N.Y Zip 10013

III. GENERAL CONTRACTOR

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12. Name FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
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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.

25. Total amount of asbestos-containing material to be abated during this work
4025 Square Feet, and/or _____ Linear Feet

RECEIVED JUN 28 2002 DEP/BANHM ASBESTOS/LEAD PROGRAM TRUG 2

ACP-7 2/2000

DEP BUREAU OF ENVIRONMENTAL REMEDIATION & ENFORCEMENT ASBESTOS CONTROL PROGRAM TRU 2

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler COGANO NYS DEC Permit # CT-098 Tel.# 800-272-3867

Disposal Site(s) SOUTHERN ALLEGHENIES, VALLEY LANDFILL

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29. ABATEMENT PROCEDURE (Check all appropriate boxes)

☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT TRA 1008 Nu 02

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			1950		
Roof	(Asphalt)		2075		

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Print Name of Air Monitor	Print Name of Asbestos Contractor	Print Name of Applicant (If other than Owner)
BOSUN GUNNARE	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# 1079.01.02
143 Chambers Street, Roof

Received: 7/12/02 4:15:00 PM
ATC Group #: 8461
Analysis Date: 7/13/88

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	# Structures 5µ	Analytical Sensitivity (S/cc)	Asbestos Concentration (S/mm²)	Asbestos Concentration (S/cc)	Notes
01 8461 -1	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044	
02 8461 -2	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044	
03 8461 -3	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044	
04 8461 -4	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044	
05 8461 -5	1300.00	0.0674	0	None Detected	0	0	0.0044	<14.83	<0.0044	

MARK PEYSAKHOV
Analyzed by:

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

Accredited for NVLAP PLM/TEM #101187-0, NY State ELAP #10879

228 East 45th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-9630

WARREN & PANZER ENGINEERS, P. C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

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

P.O. ____

CLIENT: NYC DEP
PROJECT: 143 CHAMBERS
LOCATION: ROOF Cleaning

W&P FILE #: 1079 : 05 : 02
LABORATORY: ATC
ANALYSIS METHOD: PCM 7400 TEM AHERA TEM EPA LEVEL II (circle one)
TECHNICIAN: Celestine Nnorka

CONTACT: Mr Mike Nilon

SAMPLE NUMBER	SAMPLE DESCRIPTION/LOCATION	SAMPLE TYPE	PUMP #	FLOWRATE START	FLOWRATE STOP	TIME ON	TIME OFF	TOTAL TIME	VOLUME (liters)	CONCENTR (fib./cc.)
01	By ENTRANCE	3		10	10	1200	1410	130	1300	
02	By East Side	3		10	10	1201	1411			
03	By West Side	3		10	10	1202	1412			
04	By South Side	3		10	10	1203	1413			
05	By North Side	3		10	10	1204	1414	130	1300	
06	BF	1								
07	BF	1								
08	Copied Blank	1								

COMMENTS:

#8461

SAMPLE BY: Celestine Nnorka DATE: 07/12/02
SIGNATURE: C Nnorka
RELEASED BY: Celestine Nnorka DATE: 07/12/02
SIGNATURE: C Nnorka
RECEIVED BY: ATC DATE: 7/12/02
SIGNATURE: JP 16:15

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.

Fax #: (212) 922-0630

Date: Wednesday, July 13, 1988

Time: 10:38:40 AM

Comments:

From: MARK PEYSAKHOV

ATC Group #: 8461

Client Project: NYC DEP, W&P# 1079.01.02
143 Chambers Street, Roof

Number of Pages: 3
(including cover page)

ASBESTOS INSPECTION REPORT

PREMISE NO.	STREET					INSPECTION DATE
	143 CHAMBERS STREET					7/12/02
FLOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #
R/F	10007	1	140	3	1	AD10

INSPECTOR ALPHONSO PLUMPTER	BLDG TYPE B	BASIS OF INSPECT. TRU1008MN02	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 Playtyger AND Crowd Associates
ADDRESS 228 E. 45TH ST CITY N.Y	ADDRESS CITY
STATE N.Y ZIP 10017 PHONE (212) 922-0077	STATE ZIP PHONE (212) 925-1145
CONTACT PERSON:	TIME OF INSPECTION FROM: 8 am/pm TO: 10 am/pm
INSPECTION DISCLOSED:	

The Cleanup of the roof was completed on 7/12/02 and visual inspection was done on the roof and no visible debris observed after the Cleanup.
The Cleanup continued on 7/14/02 on the facade and was Cleaned of visible debris and no visual debris observed after the Cleanup.

NOV #	INFRACTIONS	RESULT CODE 5
NOV #		SUPERVISORS INITIALS

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 3093

ASBESTOS INSPECTION REPORT

REMISE NO.	STREET: 143 CHAMBERS STREET					INSPECTION DATE: 8/1/02
FLOOR: 2ND FL	ZIP: 10007	BORO CODE: 1	BLOCK: 140	LOT: 3	SQUAD #: 1	BADGE #: AD10
INSPECTOR: ALFONSO PLUMPTRE	BLDG TYPE	BASIS OF INSPECT.: TRU1008MN02				PHOTOS TAKEN YES / NO

CONTRACTORS NAME: FIBER CONTROL
ADDRESS: 3010 BURNS AVE CITY: WANTAGH
STATE: N.Y ZIP: 11793 PHONE: (516) 781-3000
LABORATORY NAME: WARREN & PANZER ENGINEERS, PC
ADDRESS: 228 E. 45TH ST CITY: N.Y
STATE: N.Y ZIP: 10017 PHONE: (212) 922-0077
CONTACT PERSON:
INSPECTION DISCLOSED:

SAMPLE NO.
SAMPLE NO.
SAMPLE NO.
OWNERS NAME: PLAYTGER AND CROWL ASSO.
ADDRESS CITY
STATE ZIP PHONE
TIME OF INSPECTION FROM: 2 30 am/pm TO: 3 00 am/pm

The Cleanup of the 2nd floor back landing was cleaned with the presence of the apt owner. The cleanup was done with the Satisfactory of the Complainant. No visible debris is observed after the cleanup.

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS

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 49005

EMERGENCY RESPONSE TELEPHONE
#1-800-272-3867

FB# 7336 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 [X] Non-Friable [ ]
Bag [X] Drum [ ] Wrapped [ ] Other [ ]

GENERATOR/BUILDING OWNER
PLAHGER AND CROWL ASSOC
Address 157 HUDSON STREET
City State Zip NEW YORK, NY 10013
Phone Number

GENERATING LOCATION
Address ~~143 CHAMBERS STREET~~
City State Zip NEW YORK, NY 10013
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. Pantoni

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) Registration #: 093011 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: 8144792537
Location: Davidsville PA 15928 Permit # 100250 / CT / 002 / 96024 / 28SW
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 - GENERATOR