

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.: F1069
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: 718-695-3671	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	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	
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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) \$

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# 1008MN02 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 TONI CASIA
 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, PC 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

24. Starting date for this portion of work 8/1/02 Projected completion date 8/15/02

☐ Project Cancelled
☐ Project Postponed

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

29. Abatement Procedure for Additional Material (Check all appropriate boxes)

☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

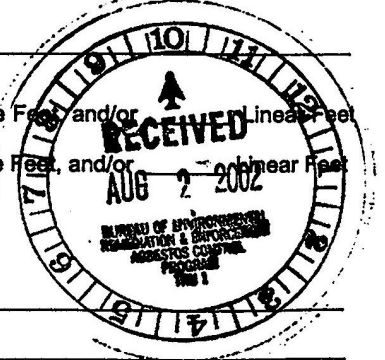
Other Changes _____

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

31/32. Name of Applicant / Owner ALPHONSO PHUMPTRE 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

Date

ACP 8
2/2001

DEP
BUREAU OF ENVIRONMENTAL
REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
TRU 1

E075WTC
EMERGENCY
 WRITTEN
 FORMS WILL BE
 ACCEPTED
 www.nyc.gov/dep

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TR-100846
 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 PLATNER 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 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
4025 Square Feet, and/or _____ Linear Feet



BUREAU OF ENVIRONMENTAL
 REGULATION & ENFORCEMENT
 ASBESTOS CONTROL
 PROGRAM
 TR112

ACP
 2/200

ASBESTOS INSPECTION REPORT (continued)

26. 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)

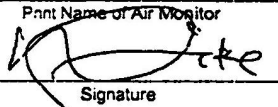
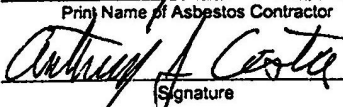
- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
<u>FACADE</u>			<u>1950</u>		
<u>Roof (Asphalt)</u>			<u>2075</u>		

TRU 10084402

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 O GUERRA</u> Print Name of Air Monitor  Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor  Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner)  Signature <u>6-3-02</u> Date
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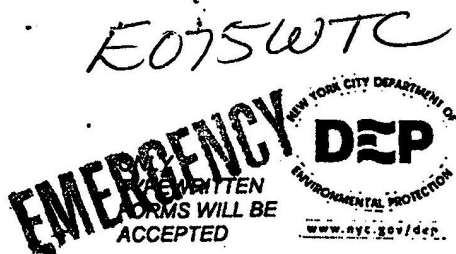
32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all 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. Anthony Costa _____
 Print Name of Owner Signature Date

A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.

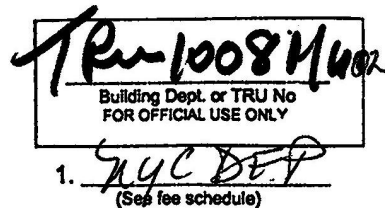
Any modification of information provided on this form must be reported immediately in writing directly to the NYC DEP ACP.

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.



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



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AKA _____ 3. Block 140 4. Lot 3
5. Type of Facility _____ 6. Name of Building _____

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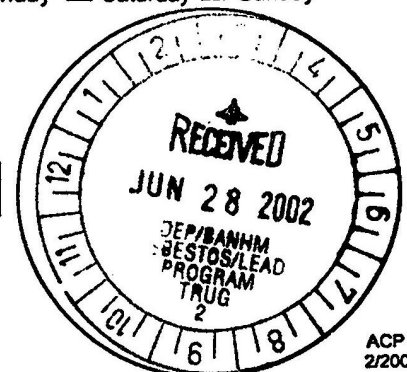
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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



ACP:
2/200

DEP
BUREAU OF ENVIRONMENTAL
REGENERATION & IMPROVEMENT
ASBESTOS CONTROL
PROGRAM
TRUG 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

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
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29. ABATEMENT PROCEDURE (Check all appropriate boxes)

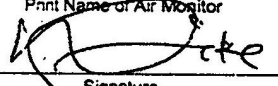
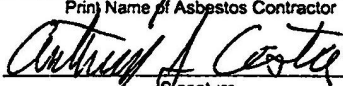
- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

TRN 100811402

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		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
<u>FACADE</u>			<u>1950</u>		
<u>Roof (Asphalt)</u>			<u>2075</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 OGUNNAKE</u> Print Name of Air Monitor  Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor  Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner)  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. Anthony Costa _____
Print Name of Owner Signature Date

A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.

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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

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		Analytical Sensitivity (S/cc)	Asbestos Concentration		Notes
					0.5µ-5	5µ		(S/mm ²)	(S/cc)	
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:

A handwritten signature in black ink, appearing to read 'M. Peysakhov'.

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 7 OF 1

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CONTACT: Mr. Mike Nilon

W&P FILE #: 1079107-62-

LABORATORY:

ANALYSIS METHOD: PCM TEM TEM

7400 AHERA
cycle one
EPA LEVEL II

TECHNICIAN: 07/02/86
HAYESTECHNICIAN: 00031 00031

CLIENT: NYC DEP

5061470 371 1031088

LOCATION: 400F Clearing

[illegible]

COMMENTS:

1378#

SAMPLE BY: Celestine Harkes	DATE: 07/12/02
SIGNATURE: C Harkes	
RELEASED BY: Celestine Harkes	DATE: 07/12/02
SIGNATURE: C Harkes	
RECEIVED BY: ATC	DATE: 7/12/02
SIGNATURE: JF	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.

From: MARK PEYSAKHOV

Fax #: (212) 922-0630

ATC Group #: 8461

Date: Wednesday, July 13, 1988

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

Time: 10:38:40 AM

Number of Pages: 3
(including cover page)

Comments:

ASBESTOS INSPECTION REPORT

PAGE 1 OF 1

PREMISE NO. 143		STREET CHAMBERS STREET				INSPECTION DATE 7/12/02	
FLOOR R/F	ZIP 10007	BORO CODE 1	BLOCK 140	LOT 3	SQUAD # 1	BADGE # AD10	
INSPECTOR ALPHONSO PLUMPTRE		BLDG TYPE B	BASIS OF INSPECT. TRU1008MN02			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 Playtger AND CROW Associates		
ADDRESS 228 E. 45TH ST					CITY N.Y.		
STATE N.Y.					ZIP 10017		
PHONE (212) 922-0077					STATE N.Y.		
CONTACT PERSON:					TIME OF INSPECTION FROM: 8:00 am TO: 10:00 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				INSPECTION DATE	
143		CHAMBERS STREET				8/1/02	
LOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #	
2ND FL	10007	1	140	3	1	AD10	
INSPECTOR		BLDG TYPE	BASIS OF INSPECT.			PHOTOS TAKEN YES/NO	
ALPHONSO PLUMPTRE			TRU1008MN02				
CONTRACTORS NAME				SAMPLE NO.			
FIBER CONTROL							
ADDRESS				SAMPLE NO.			
3010 BURNS AVE							
CITY				SAMPLE NO.			
WANTACH							
STATE	ZIP	PHONE					
N.Y.	11793	(516) 781-3000					
LABORATORY NAME				OWNERS NAME			
WARREN & PANZER ENGINEERS, PC				PLANTGER AND CLOW ASSOC.			
ADDRESS				CITY			
228 E. 45TH ST				CITY			
N.Y.				CITY			
STATE	ZIP	PHONE					
N.Y.	10017	(212) 922-0077					
CONTACT PERSON:				TIME OF INSPECTION FROM: TO:			
				2:30 am/pm TO: 3:00 am/pm			
INSPECTION DISCLOSED:							

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

NOV #	#FRACTIONS					RESULT CODE
						5
NOV #						SUPERVISORS INITIALS
						lu

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

**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# 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 14 CY Friable ☒ Non-Friable ☐
Bag ☒ Drum ☐ Wrapped ☐ Other ☐

GENERATOR/BUILDING OWNER

PLAHER AND CROWL ASSOC
Address **157 HUDSON STREET**
City **NEW YORK, NY** State **NY** Zip **10013**
Phone Number _____

GENERATING LOCATION

Address **143 CHAMBERS STREET**
City **NEW YORK, NY** State **NY** Zip **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

Transporter 1: **FIBER CONTROL INC.** **3010 BURNS AVENUE WANTAGH, NY 11793** **516-781-3000**
Driver: **TONY COSTA** Name _____ Address _____ Telephone # _____
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 #: **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 06480
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 Ashland** Phone No: **804 479 2537**
Location: **Hardaway PA 15928** Permit # **100151/CT/005/96024/284**
Approximate Volume of Asbestos Received: **1/4 CY**
Discrepancy If Any: _____
Received by: **Koussal man** Date: **7-26-02**
Certification of receipt of materials covered by this manifest.

COPY - GENERATOR