

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

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
164 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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E078WTC

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 NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TH 10/11/02

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

II. BUILDING OWNER

7. Name 145 CHAMBERS STREET CORP. 8. Contact Person _____
9. Tel. # (718) 698-7725 Fax # _____
10. Address _____ City _____ State _____ Zip _____

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, 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

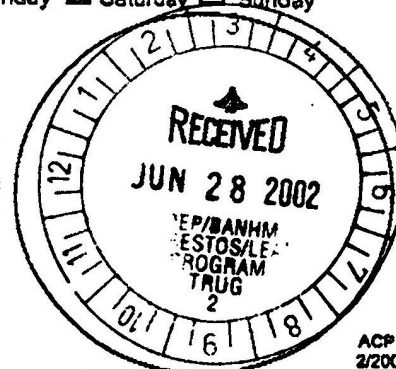
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

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

3952 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

BUREAU OF ENVIRONMENTAL
CONSTRUCTION & PLANNING
ASBESTOS CONTROL
PROGRAM
10/12

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: 7/12/02

4:15:00 PM

ATC Group #: 8472

Analysis Date: 7/13/88

Project: NYC DEP, W&P# 1079.01.02

145 Chambers Street, Roof

**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)	Notes
01 8472 -1	1300.00	0.0674	0	None Detected	0	0.0044	<14.83	<0.0044
02 8472 -2	1300.00	0.0674	0	None Detected	0	0.0044	<14.83	<0.0044
03 8472 -3	1300.00	0.0674	0	None Detected	0	0.0044	<14.83	<0.0044
04 8472 -4	1300.00	0.0674	0	None Detected	0	0.0044	<14.83	<0.0044
05 8472 -5	1300.00	0.0674	0	None Detected	0	0.0044	<14.83	<0.0044

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/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

**2228 East 45th Street
New York, NY 10017
(212) 922-0077
Fax (212) 922-0690**

WARREN & PANZER ENGINEERS, P. C.

AIR MONITORING LOG SHEET/CHAIN-OF-CUSTODY FORM

Fax (212) 922-8630

	24 hr ⁺ /a	12 hr ⁺ /a	6 hr ⁺ /a	3 hr ⁺ /a	Immediate ⁺ /a
1	100	100	100	100	100
2	100	100	100	100	100
3	100	100	100	100	100
4	100	100	100	100	100
5	100	100	100	100	100
6	100	100	100	100	100
7	100	100	100	100	100
8	100	100	100	100	100
9	100	100	100	100	100
10	100	100	100	100	100
11	100	100	100	100	100
12	100	100	100	100	100
13	100	100	100	100	100
14	100	100	100	100	100
15	100	100	100	100	100
16	100	100	100	100	100
17	100	100	100	100	100
18	100	100	100	100	100
19	100	100	100	100	100
20	100	100	100	100	100
21	100	100	100	100	100
22	100	100	100	100	100
23	100	100	100	100	100
24	100	100	100	100	100
25	100	100	100	100	100
26	100	100	100	100	100
27	100	100	100	100	100
28	100	100	100	100	100
29	100	100	100	100	100
30	100	100	100	100	100
31	100	100	100	100	100
32	100	100	100	100	100
33	100	100	100	100	100
34	100	100	100	100	100
35	100	100	100	100	100
36	100	100	100	100	100
37	100	100	100	100	100
38	100	100	100	100	100
39	100	100	100	100	100
40	100	100	100	100	100
41	100	100	100	100	100
42	100	100	100	100	100
43	100	100	100	100	100
44	100	100	100	100	100
45	100	100	100	100	100
46	100	100	100	100	100
47	100	100	100	100	100
48	100	100	100	100	100
49	100	100	100	100	100
50	100	100	100	100	100
51	100	100	100	100	100
52	100	100	100	100	100
53	100	100	100	100	100
54	100	100	100	100	100
55	100	100	100	100	100
56	100	100	100	100	100
57	100	100	100	100	100
58	100	100	100	100	100
59	100	100	100	100	100
60	100	100	100	100	100
61	100	100	100	100	100
62	100	100	100	100	100
63	100	100	100	100	100
64	100	100	100	100	100
65	100	100	100	100	100
66	100	100	100	100	100
67	100	100	100	1	

CLIENT NYC DEP

PROJECT: 145 CHAMBERS STREET

LOCATION: 100F Clearing

W&P FILE #: 107901: 02

LABORATORY: ATC

ANALYSIS METHOD: PCM
circle one

TECHNICIAN:

CONTACT: RM Mike McLan

PAGE 1 OF 1

P.O.

[illegible]

COMMENTS:

SAMPLE BY: Celestine K. Monda DATE: 7/11/02

SIGNATURE: CDMKA

RELEASED BY: CLARENCE AMSTUTZ DATE: 07/12/02

SIGNATURE: C. Smith

RECEIVED BY: ATC DATE: 7/12/02

SIGNATURE: [Signature] 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

ATC Group #: 8472

Fax #: (212) 922-0630

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

Date: Wednesday, July 13, 1988

Time: 1:46:39 PM

Comments:

Number of Pages: 3
(including cover page)

ASBESTOS INSPECTION REPORT

PAGE 1 OF

PREMISE NO.		STREET				INSPECTION DATE	
145		CHAMBERS STREET				7/12/02	
FLOOR	ZIP	BORO CODE	BLOCK	LOT	SQUAD #	BADGE #	
R/F	10007	1	140	4	1	AD10	
INSPECTOR		BLDG TYPE	BASIS OF INSPECT.			PHOTOS TAKEN YES/NO	
ALPHONSO PLUMPTRE			TRU 1011MNO2				
CONTRACTORS NAME					SAMPLE NO.		
FIBER CONTROL							
ADDRESS CITY					SAMPLE NO.		
3010 BURNS AVE WANTAGH							
STATE ZIP PHONE					SAMPLE NO.		
N.Y. 11793 (516) 781-3000							
LABORATORY NAME					OWNERS NAME		
WARREN & PANZER ENGINEERS, PC					145 CHAMBERS STREET Corp		
ADDRESS CITY					ADDRESS CITY		
328 E. 45TH ST N.Y.							
STATE ZIP PHONE					STATE ZIP PHONE		
N.Y. 10017 (212) 922-0077							
CONTACT PERSON:					TIME OF INSPECTION FROM: TO:		
					11:00 am/pm TO: 1:30 am/pm		
INSPECTION DISCLOSED:							
The cleanup of the roof started on 7/12/02 and was cleaned without visible debris observed after the cleanup. The Cleanup continued on 7/14/02 on the facade and no visible debris observed after the cleanup.							

NOV #	INFRACTIONS	RESULT CODE
		5
NOV #		SUPERVISORS INITIALS
		cu

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 49007

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

145 CHAMBERS STREET CORP
 Address **NEW YORK, NY 10007**
 City _____ State _____ Zip _____
 Phone Number _____

GENERATING LOCATION

Address **145 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

Transporter 1: **FIBER CONTROL INC.** **3010 BURNS AVENUE WANTAGH, NY 11793** **516-781-3000**
 Driver: **Vony Costa** Name _____ Address _____ Telephone # _____
 Signature _____ Registration #: **NY / 480 139 AR** Date: **07/24/02**
 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 _____ Registration #: **0930111 me** Date: **7/25/02**
 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: _____ Name _____ Address _____ Telephone # _____
 Driver: _____ Signature **N/A** Registration #: _____ Date: _____
 State / # _____

Acknowledgement of receipt of materials.

Landfill Name: **Southern Highlands** Phone No: **814 479 2537**

Location: **PA 15928** Permit #: **10008/CT/005/96026/2845**

Approximate Volume of Asbestos Received: **1/4 CY**

Discrepancy If Any: _____

Received by: **Pauline Mace** Date: **7-26-02**

Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR