

## ATC ASSOCIATES INC - NEW YORK BULK ASBESTOS ANALYSIS SHEET

104 East 25th Street, 10th Floor - New York, NY 10010 - Phone (212) 353-8280, FAX (212) 353-3599 or 8306

NYLAP 101107

ELAP 10070

Microscope OLYMP BH-2

Client / Project NYC-BOE / P.S. 89MProject No. 14584-0819Analysis Date 11/02/01 Analyst UPeyrBatch No. 19693

| 1                                                   | Field No. <u>29</u>                                                                                                                                            | Stereoscopic Exam                                                                       | PLM Optical Properties                         | Asbestos Results PLM %                         | Other Fibrous %                                    | Non Fibrous %   | Gravimetric (NOB) Results % |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|----------------------------------------------------|-----------------|-----------------------------|
| Gravimetric (NOB) Required <input type="checkbox"/> | Color _____ Texture _____                                                                                                                                      | Morphology _____ Extinction _____                                                       | Chrysotile <input checked="" type="checkbox"/> | Cellulose <input checked="" type="checkbox"/>  | Mineral Filler <input checked="" type="checkbox"/> | Organic _____   |                             |
| Recommended <input type="checkbox"/>                | Homogeneity _____                                                                                                                                              | RI I _____ RI II _____                                                                  | Amosite <input type="checkbox"/>               | Fiberglass <input checked="" type="checkbox"/> | Organic Binders _____                              | Residue _____   |                             |
| Gravimetric PREP <input type="checkbox"/>           | # of Layers _____ Asbestos <input type="checkbox"/> <input type="checkbox"/>                                                                                   | DS Color _____ Color, Pleo _____                                                        | Other <input type="checkbox"/>                 | Other _____                                    | Vermiculite _____                                  | Carbonate _____ |                             |
| Gravimetric (NOB) PLM <input type="checkbox"/>      | Color of Layer _____ Detected Yes No                                                                                                                           | Biref _____ Sign _____                                                                  |                                                |                                                | Other _____                                        | Other _____     |                             |
| Gravimetric (NOB) TEM <input type="checkbox"/>      | Comments:                                                                                                                                                      |                                                                                         |                                                |                                                |                                                    | Asbestos _____  |                             |
| POINT COUNT RESULTS ON THE BACK                     | Method: <input type="checkbox"/> ELAP + EPA <input type="checkbox"/> ELAP <input type="checkbox"/> EPA <input type="checkbox"/> OTHER <input type="checkbox"/> | SCANNING OPTION: <input type="checkbox"/> ELAP (P.C.) & EPA First 4 preps. Asbestos = 0 |                                                |                                                |                                                    |                 |                             |

  

| 2                                                   | Field No.                                                                                                                                                      | Stereoscopic Exam                                                                       | PLM Optical Properties | Asbestos Results PLM % | Other Fibrous %       | Non Fibrous %   | Gravimetric (NOB) Results % |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------|-----------------|-----------------------------|
| Gravimetric (NOB) Required <input type="checkbox"/> | Color _____ Texture _____                                                                                                                                      | Morphology _____ Extinction _____                                                       | Chrysotile _____       | Cellulose _____        | Mineral Filler _____  | Organic _____   |                             |
| Recommended <input type="checkbox"/>                | Homogeneity _____                                                                                                                                              | RI I _____ RI II _____                                                                  | Amosite _____          | Fiberglass _____       | Organic Binders _____ | Residue _____   |                             |
| Gravimetric PREP <input type="checkbox"/>           | # of Layers _____ Asbestos <input type="checkbox"/> <input type="checkbox"/>                                                                                   | DS Color _____ Color, Pleo _____                                                        | Other _____            | Other _____            | Vermiculite _____     | Carbonate _____ |                             |
| Gravimetric (NOB) PLM <input type="checkbox"/>      | Color of Layer _____ Detected Yes No                                                                                                                           | Biref _____ Sign _____                                                                  |                        |                        | Other _____           | Other _____     |                             |
| Gravimetric (NOB) TEM <input type="checkbox"/>      | Comments:                                                                                                                                                      |                                                                                         |                        |                        |                       | Asbestos _____  |                             |
| POINT COUNT RESULTS ON THE BACK                     | Method: <input type="checkbox"/> ELAP + EPA <input type="checkbox"/> ELAP <input type="checkbox"/> EPA <input type="checkbox"/> OTHER <input type="checkbox"/> | SCANNING OPTION: <input type="checkbox"/> ELAP (P.C.) & EPA First 4 preps. Asbestos = 0 |                        |                        |                       |                 |                             |

  

| 3                                                   | Field No.                                                                                                                                                      | Stereoscopic Exam                                                                       | PLM Optical Properties | Asbestos Results PLM % | Other Fibrous %       | Non Fibrous %   | Gravimetric (NOB) Results % |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------|-----------------|-----------------------------|
| Gravimetric (NOB) Required <input type="checkbox"/> | Color _____ Texture _____                                                                                                                                      | Morphology _____ Extinction _____                                                       | Chrysotile _____       | Cellulose _____        | Mineral Filler _____  | Organic _____   |                             |
| Recommended <input type="checkbox"/>                | Homogeneity _____                                                                                                                                              | RI I _____ RI II _____                                                                  | Amosite _____          | Fiberglass _____       | Organic Binders _____ | Residue _____   |                             |
| Gravimetric PREP <input type="checkbox"/>           | # of Layers _____ Asbestos <input type="checkbox"/> <input type="checkbox"/>                                                                                   | DS Color _____ Color, Pleo _____                                                        | Other _____            | Other _____            | Vermiculite _____     | Carbonate _____ |                             |
| Gravimetric (NOB) PLM <input type="checkbox"/>      | Color of Layer _____ Detected Yes No                                                                                                                           | Biref _____ Sign _____                                                                  |                        |                        | Other _____           | Other _____     |                             |
| Gravimetric (NOB) TEM <input type="checkbox"/>      | Comments:                                                                                                                                                      |                                                                                         |                        |                        |                       | Asbestos _____  |                             |
| POINT COUNT RESULTS ON THE BACK                     | Method: <input type="checkbox"/> ELAP + EPA <input type="checkbox"/> ELAP <input type="checkbox"/> EPA <input type="checkbox"/> OTHER <input type="checkbox"/> | SCANNING OPTION: <input type="checkbox"/> ELAP (P.C.) & EPA First 4 preps. Asbestos = 0 |                        |                        |                       |                 |                             |

  

| 4                                                   | Field No.                                                                                                                                                      | Stereoscopic Exam                                                                       | PLM Optical Properties | Asbestos Results PLM % | Other Fibrous %       | Non Fibrous %   | Gravimetric (NOB) Results % |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------|-----------------|-----------------------------|
| Gravimetric (NOB) Required <input type="checkbox"/> | Color _____ Texture _____                                                                                                                                      | Morphology _____ Extinction _____                                                       | Chrysotile _____       | Cellulose _____        | Mineral Filler _____  | Organic _____   |                             |
| Recommended <input type="checkbox"/>                | Homogeneity _____                                                                                                                                              | RI I _____ RI II _____                                                                  | Amosite _____          | Fiberglass _____       | Organic Binders _____ | Residue _____   |                             |
| Gravimetric PREP <input type="checkbox"/>           | # of Layers _____ Asbestos <input type="checkbox"/> <input type="checkbox"/>                                                                                   | DS Color _____ Color, Pleo _____                                                        | Other _____            | Other _____            | Vermiculite _____     | Carbonate _____ |                             |
| Gravimetric (NOB) PLM <input type="checkbox"/>      | Color of Layer _____ Detected Yes No                                                                                                                           | Biref _____ Sign _____                                                                  |                        |                        | Other _____           | Other _____     |                             |
| Gravimetric (NOB) TEM <input type="checkbox"/>      | Comments:                                                                                                                                                      |                                                                                         |                        |                        |                       | Asbestos _____  |                             |
| POINT COUNT RESULTS ON THE BACK                     | Method: <input type="checkbox"/> ELAP + EPA <input type="checkbox"/> ELAP <input type="checkbox"/> EPA <input type="checkbox"/> OTHER <input type="checkbox"/> | SCANNING OPTION: <input type="checkbox"/> ELAP (P.C.) & EPA First 4 preps. Asbestos = 0 |                        |                        |                       |                 |                             |

SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008

CONFIDENTIAL,

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