



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

NOT AN ASBESTOS PROJECT



When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signature and seal are required. Submittal at the NYCDEP requires one copy of the form with original signature and seal.

2. Facility Address 222 BOWERY STREET Borough MAN. Zip 10012
AKA 3. Block 492 4. Lot 23
5. Building Owner 222 BOWERY DAREDEVILS Tel # 718-388-6465
6. Address SAME State NY Zip: 10012
7. Contact Person: COLIN BRICE 8. Tel. # 917-639-3208
9. Description of the Entire Scope of Work
STORE FRONT, INTERIOR PARTITION, PLUMBING & HVAC WORK. UPON OPENING OF WALLS IF SUSPECT MATERIAL IS PRES...
WORK MUST CEASE & I SHOULD BE NOTIFIED TO TAKE ADD SAMPLES.
10. Est. Start Date ☒ As soon as permit approved Est. Completion Date 7/2/2009 of the entire scope of work.
11. I, RICHARD MURDISON, have conducted an asbestos investigation on 7/3/2008 in accordance with

Sections 1-16 and 1-27 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☐ a. premise to be demolished is free of any asbestos containing material (ACM).
☐ b. premise to be demolished contains 10 square feet or less or 25 linear feet or less of ACM.
☒ c. cumulative surfaces of structure(s) affected by the work are free of ACM.
☐ d. cumulative surfaces of structure(s) affected by the work contain 10 square feet or less or 25 linear feet or less of ACM
☒ e. normally non-friable ACM shall be disturbed/removed. Specify amount: 240SF square feet
☐ f. ACM will not be disturbed during the scope of work. Specify amount of ACM present: square feet linear feet

All ACM specified in "b", "d", or "e" must be removed in accordance with the DEP Asbestos Rules or NYS DOL ICR56.*

12. RESULTS OF BUILDING SURVEY AND HAZARD ASSESSMENT:

FLOOR (including cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT YES NO	ASSUMED ACM
CELLAR	INTERIOR WALL	PLASTER	3	☐ ☒	
1ST	INTERIOR WALL	PLASTER	6	☐ ☒	
1ST	FLOOR REAR RIGHT & LEFT	TILE 160SF + 80SF	0	☒ ☐	ASSUMED
				☐ ☐	
				☐ ☐	
				☐ ☐	
		Photos Taken		☐ ☐	

13. Analytical Laboratory Ameri Sci

14. ELAP # 11480

15. Date(s) Samples Analyzed 7/3/2008

NYS DOH CERTIFICATION

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

Richard Murdison

105879

7/7/2008

516-984-4315

NYC DEP Certified Asbestos Investigator's Signature

Certificate Number

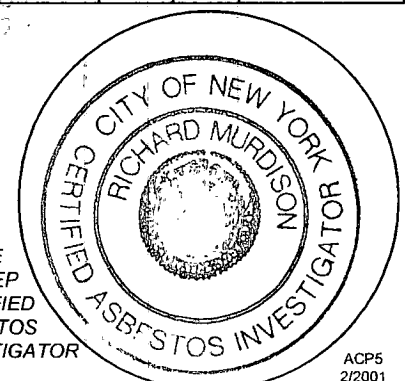
Date

Daytime Telephone Number

Any modification or deviation from information provided on this form must be reported immediately in writing directly to the NYCDEP. 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.

* In-plant operations, as defined in §56-3.1 of ICR56, are not permitted in New York City.

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INVESTIGATOR



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