



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-1



ONLY
TYPEWRITTEN
FORMS WILL
BE ACCEPTED

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 820 Greenwich Street Borough Manhattan Zip 10014
AKA _____ 3. Block 642 4. Lot 62
5. Building Owner 69 Jane Street Company Tel. # (212) 620-4005
6. Address 820 Greenwich Street State NY Zip 10014
7. Contact Person Julian Lethbridge 8. Tel. # (212) 620-4005
9. Description of the Entire Scope of Work
Renovation of 5th and 6th floors. Partition, HVAC, plumbing and electrical modifications as required for new layout.

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date 7/10/09 of the Entire Scope of Work.

11. I, Richard Massari, have conducted an asbestos investigation on 12/11/06 in accordance with
Name of Certified Asbestos Investigator Date

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: _____ 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		ASSUMED ACM
				YES	NO	
5th-6th	Entire	None	0		☒	

13. Analytical Laboratory NA

14. ELAP # NA 15. Date(s) Samples Analyzed _____
NYS DOH CERTIFICATION

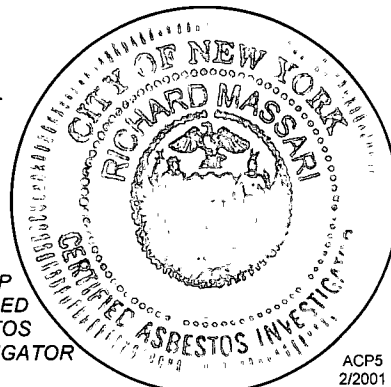
16. I hereby declare the information provided herein is true and complete.

Richard Massari 104231 7/16/08 (212) 475-4122
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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



ACP5
2/2001



AO1: Administrative Objection:
Form



Applicant Information Only *Application cannot be processed for the following reasons*

1. PW1 missing or inaccurate information (check all that apply)

- | | | | |
|--|---|--|--|
| ☐ Ownership Information | ☐ Premises Information | ☐ Applicant Information | ☐ Filing Representative |
| ☐ Add. Considerations | ☐ Job Description | ☐ Work Type | ☐ Plans Submitted |
| ☐ Bldg. Characteristics | ☐ Place of Assembly | ☐ Signs | ☐ Const. Equipment |
| ☐ Fire Protection | ☐ Metes and Bounds | ☐ Fire Protection | ☐ Seal/Signature |
| ☐ Other | | | |

2. Schedule A ☐ document missing ☐ incorrect/missing information (see below) ☐ job type already signed-off

3. Schedule B ☐ document missing ☐ incorrect/missing information (see below) ☐ job type already signed-off

4. TR1 ☐ document missing ☐ incorrect/missing information (see below)

- ☐ Boring/Test Pits ☐ Soil Percolation Tests ☐ Boring for Drywell ☐ Other

5. Pre-Approval DEP forms - Forms missing or inaccurate/missing information (check all that apply)

- ☐ DEP Asbestos ASB-4 ☐ DEP Asbestos ACP-5 ☐ DEP ACP-7

6. Building Pavement Plan (BPP) ☐ document missing ☐ incorrect/missing information (see below)

7. Required Items (Pro-Cert Only) ☐ checklist missing/incomplete ☐ Stamp missing ☐ POC-1 Missing/Incomplete

8. Cashiering ☐ check missing ☐ incorrect/missing information (see below)

9. Other