



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-51

FOR OFFICIAL USE ONLY

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 625 9th Ave. Borough Manhattan Zip 10019
AKA _____ 3. Block 1054 4. Lot 30
5. Building Owner Fotini Theoharidou Tel. # (718) 626-2588
6. Address 40-10 Broadway State NY Zip 11103
7. Contact Person Fotini Theoharidou 8. Tel. # (718) 626-2588
9. Description of the Entire Scope of Work
Renovate existing restaurant at the 1st floor and storage at the cellar.

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date 9/30/09 of the Entire Scope of Work.11. I, Alexandr Mudrik, have conducted an asbestos investigation on 11/28/08 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 YES NO	ASSUMED ACM
C,1	partial	wall mortar	3	☒	
		wall sheetrock	3	☒	
		ceiling sheetrock	3	☒	
Note: There is always a possibility of existing ACM inside the wall, above the ceiling or other inaccessible areas. If any suspected acm will be found, all work must be stopped for reinspection					

13. Analytical Laboratory High Standard Group, Inc.14. ELAP # 11824 15. Date(s) Samples Analyzed 12/2/08

NYS DOH CERTIFICATION

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

[Signature] 109029 12/3/08 (718) 934-7607
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.

SEAL
OF THE
NYC DEPARTMENT OF
ENVIRONMENTAL
PROTECTION
CERTIFIED
ASBESTOS
INVESTIGATORDEPARTMENT OF BUILDINGS
STAMP NUMBER 16 OF 22

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

ACP5
2/2001