



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



NOT AN ASBESTOS PROJECT

ONLY
TYPEWRITTEN
FORMS WILL
BE ACCEPTED

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 626 Riverside Drive Borough Manhattan Zip 10031
AKA _____ 3. Block 2087 4. Lot 78
5. Building Owner Riverside Towers Inc. Tel. # (212) 281-1767
6. Address 626 Riverside Drive Manhattan, State NY Zip _____
7. Contact Person Lavanna Hatcher 8. Tel. # (212) 281-1767
9. Description of the Entire Scope of Work
Installation of Smoke Detection System with Elevator Recall

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date 6/30/09 of the Entire Scope of Work.

11. I, Julius Carty, have conducted an asbestos investigation on 12/8/08 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
1-34	Entire	Concrete / Drywall			
Bsmt	Entire	Concrete			
Roof	Entire	Concrete			

13. Analytical Laboratory N/A

14. ELAP # _____ 15. Date(s) Samples Analyzed _____

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

[Signature] 106403 12/9/08 (908) 966-9048
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.

* Installation operations as defined in 25AFCR 1-1.4.12.1 are not permitted in New York City

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS

