



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

NOT AN ASBESTOS PROJECT



ONLINE
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 350 East 55th Street Borough Manhattan Zip 10022
AKA _____ 3. Block 1347 4. Lot 31
5. Building Owner Georgette Tavasy Tel. # (212) 935-5395
6. Address same as above State _____ Zip _____
7. Contact Person same as above 8. Tel. # _____

9. Description of the Entire Scope of Work

INTERIOR RENOVATION OF A FOUR STORY RESIDENTIAL TOWNHOUSE. ADD 3 NEW FLOORS & A 6-7 STORY REAR EXTENSION. EXTERIOR REPAIRS/RESTORATION.

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date 5/30/09 of the Entire Scope of Work.

11. I, d.manouselis, have conducted an asbestos investigation on 12/22/08 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: 500 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	
roof	rear area	roof materials-apprx.500sf	1	☒	☐	
roof	front areas	roof materials/roof flashing	2	☐	☒	
bsmt-3rd	interior partitions	wall plaster	7	☐	☒	
cellar	open areas	ceiling plaster	3	☐	☒	
cellar	boiler area	no visible ACM	0	☐	☐	
1st-3rd	rear & front masonry facades	no visible ACM	0	☐	☐	

13. Analytical Laboratory Lab Testing Services

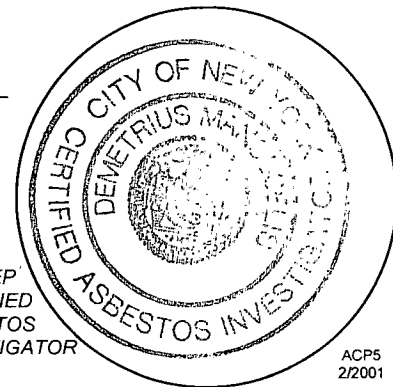
14. ELAP # 10955 15. Date(s) Samples Analyzed 12/23/08

NYS DOH CERTIFICATION

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

108217 12/26/08 (718) 729-5671
NYC DEP Certified Asbestos Investigator's Signature Certificate Number Date Daytime Telephone Number

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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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2/2001