



ONLY
TYPEWRITTEN
FORMS WILL
BE ACCEPTED

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 202 East 35 St. Borough Manhattan Zip 10016
AKA _____ 3. Block 915 4. Lot 60
5. Building Owner Natalie Sedaghati Tel. # 212-344-3440
6. Address SAME State _____ Zip _____
7. Contact Person Pat Sementa Plumbing and Heating Co. 8. Tel. # 718-829-5464
9. Description of the Entire Scope of Work
Installation of Laars Endurance Unit

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date 08/07/09 of the Entire Scope of Work.

11. I, Patrick Sementa, have conducted an asbestos investigation on 07/07/09 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
First flr.	boiler room	none	none		XXXX	none

13. Analytical Laboratory _____

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

NYS DOH CERTIFICATION

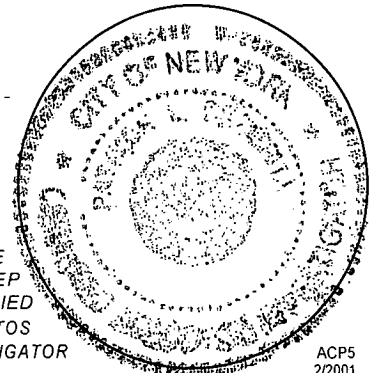
16. I hereby declare the information provided herein is true and complete.

NYC DEP Certified Asbestos Investigator's Signature 112324 07/07/09 718-829-5464
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



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