



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-1

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 600 THERIOT AVE Borough BRONX Zip 10437
AKA 3. Block 3560 4. Lot 1
5. Building Owner HOLY CROSS CHURCH Tel # 718-842-4492
6. Address SAME State NY Zip: 10437
7. Contact Person: FATHER PETER POMPOSELO 8. Tel. # 718-842-4492
9. Description of the Entire Scope of Work
INTERIOR PARTITION & PLUMBING CHANGES AT EXISTING BUILDING. FLOOR TILE REMOVED PRIOR TO INSPECTION AT 1ST, ...
& 3RD FLOORS.
10. Est. Start Date ☒ As soon as permit approved Est. Completion Date 4/13/2010 of the entire scope of work.
11. I, RICHARD MURDISON, have conducted an asbestos investigation on 4/14/2009 in accordance with

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: 5845 square feet 1134 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,1,2,3	INTERIOR WALL & CEILING	PLASTER	18	☐ ☒	
1,2,3	FLOOR	MASTIC 4800 SQ FT	0	☒ ☐	ASSUMED
1,2,3	BASE OF WALL	MASTIC 300 SQ FT	0	☒ ☐	ASSUMED
C,1,2,3	STAIRS & LANDINGS	FLOOR TILE 550 SQ FT	0	☒ ☐	ASSUMED
1	FL. TILE & WALL MASTIC KITCH...	9" TILE 5 SQ FT MASTIC 190 SQ FT	0	☒ ☐	ASSUMED
CELLAR	CEILING PIPE	LAGGING 1000 LINEAR FT	0	☒ ☐	ASSUMED
1-2	CEILING PIPE	LAGGING 74+60 LINEAR FT	0	☒ ☐	ASSUMED

13. Analytical Laboratory Ameri Sci

14. ELAP # 11480 15. Date(s) Samples Analyzed

NYS DOH CERTIFICATION

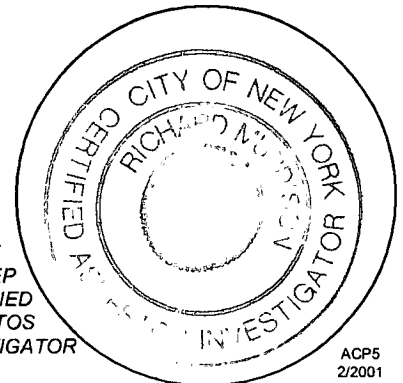
16. I hereby declare the information provided herein is true and complete.

Richard Murdison 105879 4/15/2009 516-984-4315
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
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NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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