



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107ONLY
TYPEWRITTEN
FORMS WILL
BE ACCEPTED**NOT AN ASBESTOS PROJECT**

ACP 5 Fee \$ _____

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 394 Pacific Street Borough Brooklyn Zip 11217AKA _____ 3. Block 190 4. Lot 55. Building Owner Suzanne Myers Tel. # 917-714-45156. Address 394 Pacific Street State NY Zip 112177. Contact Person Suzanne Myers 8. Tel. # 917-714-45159. Description of the Entire Scope of Work Removal & installation of non load bearing partitions & related finishes, plumbing modifications10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date _____ of the Entire Scope of Work.11. I, Anthony P. Nowicki, Jr., have conducted an asbestos investigation on 2-12-08 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: TBD square feet TBD 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
1-3	Partial	Plaster-Wall/Ceiling	3		XX

Note: There is always a possibility of existing ACM inside the wall, or above the ceiling, or under existing flooring. If any suspected ACM is found, all work should be stopped for reinspection.

13. Analytical Laboratory Sci Labs14. ELAP # 11480 15. Date(s) Samples Analyzed 2-14-08

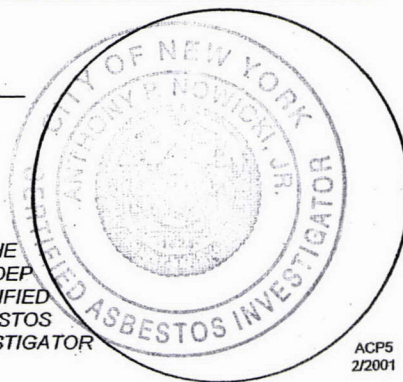
NYS DOH CERTIFICATION

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

Anthony P. Nowicki, Jr. 106554-71609 2-14-08
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.

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ASBESTOS
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