



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 86-53 91 Street Borough Queens Zip 11421
AKA _____ 3. Block 8870 4. Lot 74
5. Building Owner Mofizur Rahman Tel. # 917-400-4094
6. Address 86-53 91 Street Queens NY State NY Zip 11421
7. Contact Person Henry W Traktman 8. Tel. # 718-941-7600
9. Description of the Entire Scope of Work
Installation of gas fired hot air furnace and related gas piping.

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date 10/15/07 of the Entire Scope of Work.

11. I, Henry W Traktman, have conducted an asbestos investigation on 9/20/07 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: 0 square feet
☐ f. ACM will not be disturbed during the scope of work. Specify amount of ACM present: 0 square feet 0 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
cellar	wall/ceiling	sheetrock	0	X	X

13. Analytical Laboratory _____

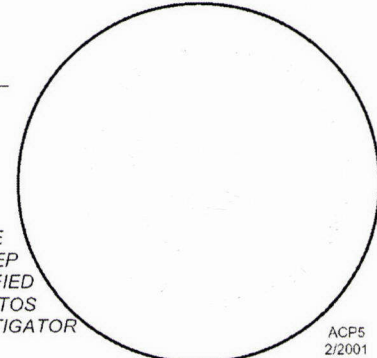
14. ELAP # _____ 15. Date(s) Samples Analyzed _____
NYS DOH CERTIFICATION

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

11028 9/20/07 718-941-7600
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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



* In-plant operations, as defined in §56-3.1 of ICR56, are not permitted in New York City.