



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5111



ONLY
TYPEWRITTEN
FORMS WILL
BE ACCEPTED

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 15-51 145th Place Borough Queens Zip 11357
AKA _____ 3. Block 4625 4. Lot 32
5. Building Owner Eileen Costa Tel. # (718) 746-1152
6. Address 15-51 145th Place State NY Zip 11357
7. Contact Person Eileen Costa 8. Tel. # (718) 746-1152

9. Description of the Entire Scope of Work

Legalize existing attic space. New partition at second floor if required. Legalize new 3 fixture bath in basement. Correct floor designations on BD records.
Install new partitions to create 2 bed rooms in Basement.

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date 2/1/08 of the Entire Scope of Work.

11. I, Sebastian D'Alessandro, have conducted an asbestos investigation on 11/26/07 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: _____ 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
Basemnt	Boiler room	pipe lagging	1	☒	
Basemnt	entire	ceiling plaster	1		☒
Basemnt	entire	floor tiles	1		☒
2nd Floor	Bedroom	ceiling plaster	1		☒

13. Analytical Laboratory Earth Research Labs

14. ELAP # 11818 15. Date(s) Samples Analyzed 11/30/07

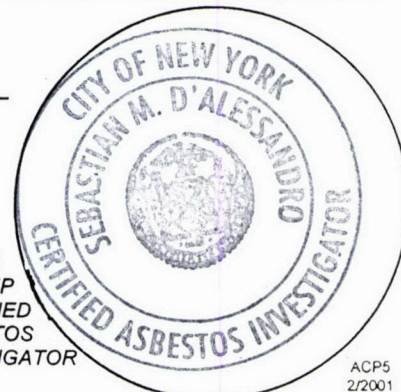
16. I hereby declare the information provided herein is true and complete.

Sebastian D'Alessandro 105208 12/6/07 (718) 259-2644
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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