



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5

NOT AN ASBESTOS PROJECT

FOR OFFICIAL USE ONLY
DEPT. BLDGS 410066770 Job Number
SC071228024 Scan Code

ONLINE
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 198-18 32 RD Borough Queens Zip 11358
AKA _____ 3. Block 6025 4. Lot 9
5. Building Owner SZE, YUK YIU Tel. # (914) 906-8865
6. Address 198-18 32 RD, FLUSHING State NY Zip 11358
7. Contact Person Same as above 8. Tel. # (914) 906-8865
9. Description of the Entire Scope of Work
CHANGE OF USE OF FIRST FLOOR TO PRE-SCHOOL (AGE 2 TO 6). WORK INCLUDES INSTALLATION OF CHILDREN'S TOILETS.

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date 4/30/08 of the Entire Scope of Work.

11. I, Kyu H. Lee, have conducted an asbestos investigation on 1/31/08 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: _____ 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
001	Partial work area	N/A	0		✓
CEL	Partial work area	N/A	0		✓

Important Note:
There is always a possibility of existing ACM
in walls, ceilings, under floor or siding & roof.
If any suspected material found, it is solely
contractor's responsibility to stop all work and
report for reinspection and follow instruction.

13. Analytical Laboratory N/A

14. ELAP # N/A 15. Date(s) Samples Analyzed N/A

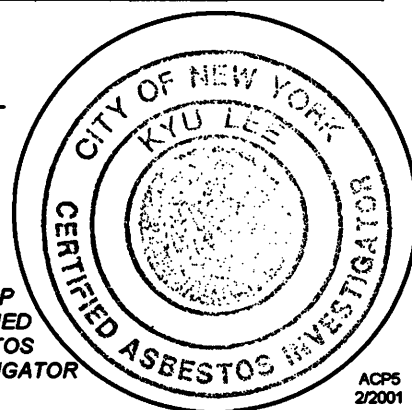
16. I hereby declare the information provided herein is true and complete.

Kyu H. Lee 103471 1/31/08 (718) 395-3909
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 §58-3.1 of ICR56, are not permitted in New York City.

SEAL
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NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



ACPS
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