



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT

FOR OFFICIAL USE ONLY

1. NYC Buildings Dept. Application #

ACP 5 Fee \$

2. Premise No. Street Name Borough Zip

3. AKA Type of Facility Bin Block Lot

4. Building Owner Address

5. City State Zip Contact Person

6. Tel. # Fax # Email

7. Description of the Entire Scope of Work

8. I, Name of Certified Asbestos Investigator, have conducted an asbestos investigation on Date in accordance with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- a. premise (or portions thereof) affected by the work is free of asbestos containing material (ACM).
b. premise (or portions thereof) affected by the work contains 10 square feet or less or 25 linear feet or less of ACM.
c. asbestos is present in the area and will not be disturbed during construction activity.

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Table with 6 columns: 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.

10. Analytical Laboratory

11. ELAP # NYS DOH CERTIFICATION Date(s) Samples Analyzed

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

DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # Fax # email:

The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§1-36, 1-37 and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR Part 763.86.

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR

