



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1081623**
2. Premise No. 361 Street Name 3rd Avenue Borough Manhattan Zip 10016
3. AKA _____ Type of Facility Commercial BIN 1019846 Block 00907 Lot 0002
4. Building Owner Angelus Chan Address 361 3rd Ave.
5. City Manhattan State NY Zip 10016 Contact Person Angelus Chan
6. Tel. # (516) 581-8060 Fax # _____ Email _____

7. Description of the Entire Scope of Work

PROPOSE TO REPLACE DAMAGED SIDEWALK AT FRONT OF BUILDING AND TO REPAIR SIDEWALK VAULT AT CELLAR.

8. I, KEVIN MAI, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

07/05/2013

in accordance

Date(s)

with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

☒ a. portion(s) of the premises 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.

Specify locations in section 9: Note: This material must be abated as a minor project in accordance with relevant provisions of the DEP Asbestos Rules.

☐ c. asbestos is present and will not be disturbed during construction activity. Specify the quantity and area where asbestos is present. Specify amount: _____ sq. ft _____ linear ft.

Specify locations (attach additional documents as necessary): _____

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Open space	Front (concrete) sidewalk	None	0	No	No
Cellar	Front section- sidewalk vault	(Ceiling) Plaster	3	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Kam Consultants Corp.	11273	7/5/2013

I hereby declare the information provided herein is true and complete

KEVIN MAI
DEP Certified Asbestos Investigator's Signature

7/8/2013
Date

115788
Certificate Number

10/11/2013
Expiration Date

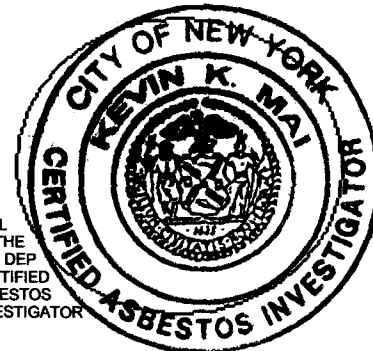
Tel. # (646) 234-1884

Fax # _____

Email kmai816@gmail.com

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 763.86.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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