



NYC DEPARTMENT OF E

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

ASBESTOS ASSESSMENT REPORT



RECEIVED

7/23/2014

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 1137537**

2. Premise No. 439 Street Name East 88th Street Borough Manhattan Zip 10128

3. AKA _____ Type of Facility _____ BIN 1050619 Block 01568 Lot 0015

4. Building Owner 439 E 88 St Owners Corp Address 439 E 88 Street

5. City New York State NY Zip 10128 Contact Person Patricia Voehl

6. Tel. # (212) 348-7475 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Interior renovation of apartment 4F including new kitchen and bathroom fixtures, some partition work, replace wood floors, doors and related plumbing.

Note: Should wall penetration reveal insulated piping or other suspect material, then work must stop and the suspect material must be properly identified by qualified personnel. Also, limited inspection under the wood floor showed wood nailed to wood strips. Should renovation reveal any type of mastic, vinyl or other suspect material under the wood floor, then here also work must stop and the suspect material must be properly identified.

8. I, JOSEPH BOVA, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

07/23/2014

Date(s)

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. 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
4th floor	Apt. 4F (specified areas of interior)	plaster	3	No	
4th floor	Apt. 4F (specified areas of interior)	grout	3	No	

I hereby declare the information provided herein is true and complete

Joseph Bova
JOSEPH BOVA
DEP Certified Asbestos Investigator's Signature

7/23/2014
Date

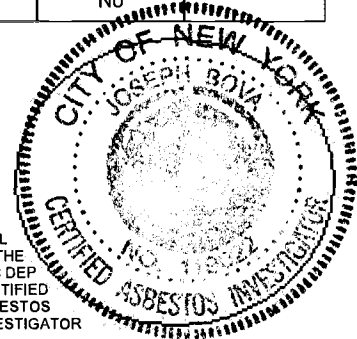
119022
Certificate Number

9/3/2014
Expiration Date

Tel. # (718) 234-7437 Fax # (718) 234-7438 Email onsiteenvcorp@yahoo.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



25142706



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Onsite Environmental Corp	11194	7/23/2014

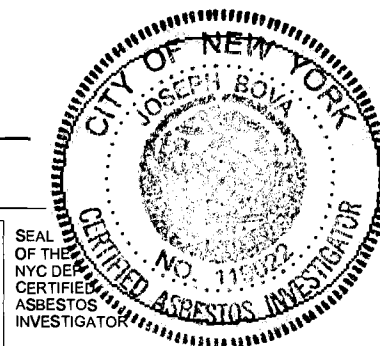
11. NYS DOL Asbestos Handling license # 28636 Company Name Onsite Environmental Corporation

I hereby declare the information provided herein is true and complete

JOSEPH BOVA 7/23/2014 119022 9/3/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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