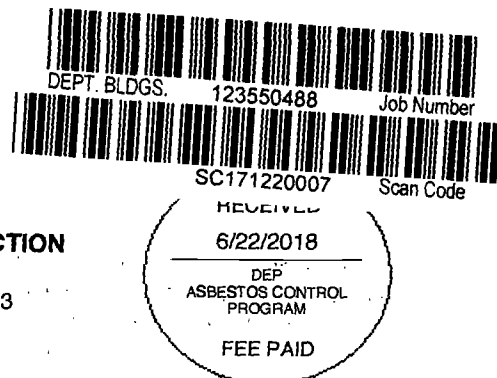




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1434637**
2. Premise No. 3260 Street Name Broadway Borough Manhattan Zip 10027
3. AKA _____ Type of Facility Commercial BIN 1059724 Block 01986 Lot 0001
4. Building Owner 3260 Broadway LLC Address 100 Jericho Quadrangle
5. City Jericho State NY Zip 11753 Contact Person Cary Wolf
6. Tel. # (516) 997-9300 Fax # _____ Email cwolf@bwpetroleum.com
7. Description of the Entire Scope of Work
Structural work for wall repairs. No change to use egress or occupancy. (cure violations at shell gas station) (all floors at bays cement and ceramic at attached store)

8. I, ALLEN SHEEN, have conducted an asbestos investigation on
06/18/2018 9:30AM-10:00AM in accordance
06/18/2018 9:30AM-10:00AM 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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Building Floors	1 to 1	rear bay	wall	4	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
jlc environmental consultants inc	11029	6/21/2018

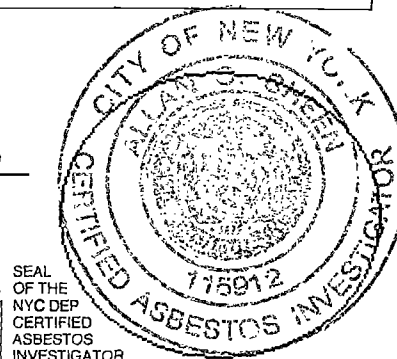
I hereby declare the information provided herein is true and complete

ALLEN SHEEN 6/22/2018 115912 10/30/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 953-6285 Fax # _____

Email sheenind@hotmail.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, 40 CFR 763.80, 40 CFR 763.85.



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
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11. NYS DOL Asbestos Handling license # 58307 Company Name J. E. Activities Construction Managers, Inc.

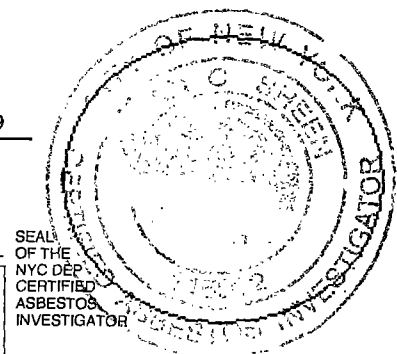
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ALLEN SHEEN 6/22/2018 115912 10/30/2019
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Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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