



NYC DEPARTMENT

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

ASBESTOS ASSESSMENT REPORT

DEPT BLDGS 123675111 Job Number

SC181108044 Scan Code

RECEIVED

2/4/2019

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 1539096**
2. Premise No. 541 Street Name Avenue of the Americas Borough Manhattan Zip 10011
3. AKA _____ Type of Facility Commercial BIN 1014528 Block 00790 Lot 0037
4. Building Owner McDonalds Corporation Address One McDonalds Plaza
5. City Oak Brook State IL Zip 60523 Contact Person Brian T Sheedy
6. Tel. # (630) 623-8437 Fax # _____ Email brian.sheedy@us.mcd.com
7. Work Type PL Plumbing, Other (Interior Renovation)

Description of the Entire Scope of Work

Filing herewith interior renovation with minor plumbing work to an existing restaurant space as per plans filed herewith no change to use, egress or occupancy.

8. I, CLAUDIA MORRIS, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

01/25/2019 9:00AM-11:30AM

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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ 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.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-1	Mc Donalds/ West Side by Restroom	Grout-Floor	2	No	No				

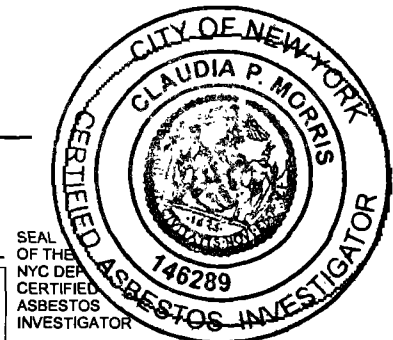
I hereby declare the information provided herein is true and complete

CLAUDIA MORRIS 2/4/2019 146289 7/6/2019
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (212) 420-8119 Fax # (212) 420-6092

Email claudiaruiz0607@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.



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



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Asbestos Control Program
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Building Floors-1	Mc Donald's/ Southeast by Stair	Grout-Floor	1	No	No				
Building Floors-1	Mc Donald's/ West Side by Restroom	2x2 Ceiling Tile	1	No	No				
Building Floors-1	Mc Donald's/ East Side	2x2 Ceiling Tile	1	No	No				
Building Floors-1	Mc Donald's/ West Side	Dry Wall	1	No	No				
Cellar	Mc Donald's/ Storage Area	Dry Ceiling	1	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
JLC ENVIRONMENTAL CONSULTANTS, INC	11029	1/28/2019
ASBESTOS ANALYTICAL LAB	11938	1/29/2019

11. NYS DOL Asbestos Handling license # 28617 Company Name JLC Environmental Consultants, Inc.

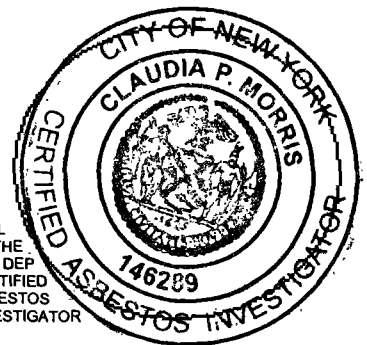
12. Comment

I hereby declare the information provided herein is true and complete

CLAUDIA MORRIS *Claudia Morris* 2/4/2019 146289 7/6/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 420-8119 Fax # (212) 420-6092

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