



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11355
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 1637071**
2. Premise No. 343 Street Name East 6th Street Borough Manhattan Zip 10003
3. AKA _____ Type of Facility Residence BIN 1083486 Block 00448 Lot 0034
4. Building Owner 99 Realty Co. Address 150-24 86 Ave., Briarwood
5. City Queens State NY Zip 11432 Contact Person Sheiley Mubdi
6. Tel. # (718) 657-2670 Fax # _____ Email _____
7. Work Type _____

Description of the Entire Scope of Work

Legalization of storefront removal, and interior renovation with new kitchen & bathroom

8. I, MOHAMMAD ISLAMCHOWDHURY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

10/10/2019 8:00AM-9:00AM

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	Apt#A Flooring	Wood	0	No	No				

I hereby declare the information provided herein is true and complete

MOHAMMAD ISLAMCHOWDHURY 10/11/2019 157385 1/25/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 561-9256 Fax # _____

Email islamchow19@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.



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



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Building Floors-1	Apt#A Bathroom	Grout (ceramic tile)	2	No	No				
Building Floors-1	Apt#A Partition wall	Sheetrock	3	No	No				
Building Floors-1	Apt#A Ceiling	Sheetrock	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
A1 Environmental & Asbestos Lab.	12052	10/11/2019

11. NYS DOL Asbestos Handling license # 151068 Company Name AA Inspection & Building Services NY INC

12. Comment

This acp5 is filed in lieu of acp5 filed on 10/3/19, control #1635715 which was filed in error.

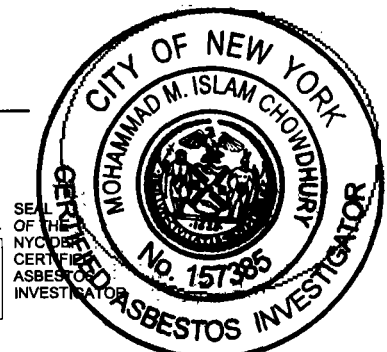
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