



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: 1637190**
2. Premise No. 263 Street Name 1 Ave Borough Manhattan Zip 10003
3. AKA _____ Type of Facility Commercial BIN 1020422 Block 00922 Lot 0021
4. Building Owner FIRST AVENUE EQUITIES LLC Address 263 1 Ave
5. City New York State NY Zip 10003 Contact Person THOMAS MASTRANGELO
6. Tel. # (718) 343-1336 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

Proposed remove illegal 1-story extension at rear of building. No change in use, egress or occupancy.
Remove ECB violations# 34558103R, 34558104Z, 35127152P, 35127153R.

8. I, YINGYU KUANG, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/08/2019 11:30AM-12:00PM 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. 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	Rear Extension Partition	Sheetrock	3	No					
Outside Space	Rear Extension Roof	Roofing Membrane	2	No					

I hereby declare the information provided herein is true and complete

YINGYU KUANG 10/13/2019 150639 8/24/2020
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 388-5207 Fax # _____

Email yingyu.kuang@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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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Outside Space	Rear Extension Roof	Flashing	2	No					
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	10/9/2019

11. NYS DOL Asbestos Handling license # 111510 Company Name Protech Inspection LLC

12. Comment

I hereby declare the information provided herein is true and complete

YINGYU KUANG YingYuKuang 10/13/2019 150639 8/24/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 388-5207 Fax # _____

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