



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



Control Number: 1066131

1. NYC DOB Job # (if applicable) _____
2. Premise No. 76 Street Name Mott Street Borough Manhattan Zip 10013
3. AKA _____ Type of Facility Commercial BIN 1002409 Block 00201 Lot 0011
4. Building Owner Gan Hung Leung Address 76 Mott Street
5. City New York State NY Zip 10013 Contact Person Steven Wong
6. Tel. # (646) 419-0001 Fax # _____ Email _____

7. Description of the Entire Scope of Work

INTERIOR RENOVATION OF EXISTING RESTAURANT, MINOR PARTITION WORK AND PLUMBING WORK.

8. I, MING WAI WONG, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/19/2013 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. 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: 10 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
WALL INSULATION NOT EXPOSED
☐ 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
BASEMENT	Restaurant	NO SUSPECTED MATERIAL FOUND	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 61647 Company Name Ming Wai Wong

I hereby declare the information provided herein is true and complete

MING WAI WONG 3/22/2013 120600 3/20/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (646) 419-0001 Fax # _____ Email mwstruct@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.

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR



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