



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: 1273595**
2. Premise No. 668 Street Name Riverside Drive Borough Manhattan Zip 10031
3. AKA _____ Type of Facility Residence BIN 1062364 Block 02090 Lot 7502
4. Building Owner J & G GNRL Contract INC Address 101-15 120th Street
5. City Richmond Hill State NY Zip 11419 Contact Person Amrik Singh
6. Tel. # (718) 496-1449 Fax # _____ Email _____

7. Description of the Entire Scope of Work

PROPOSED INSTALLATION OF TEMPORARY PIPE SCAFFOLD AS PER PLANS. WORK SHALL COMPLY WITH CHAPTER #33 OF THE NYC BUILDING CODE. NO CHANGE IN USE, OCCUPANCY, OR EGRESS UNDER THIS APPLICATION

8. I, LON RIGG, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
11/12/2016 2:00PM-2:30PM _____ 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: 3000 sq. ft 800 linear ft.
Specify locations (attach additional documents as necessary):
Façade-Mortar-3000Sf; Façade-Caulking-800Lf
☐ 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
1-6	Facade	Mortar&Caulking	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 56080 Company Name Avi Jay, Inc.

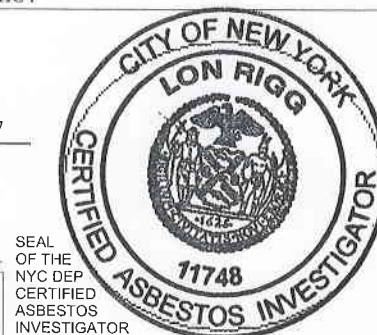
I hereby declare the information provided herein is true and complete

LON RIGG 11/18/2016 117148 11/28/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 771-7689 Fax # (914) 663-5149

Email lrigg60@aol.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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