



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: 1342559**

2. Premise No. 344 Street Name East 69 Street Borough Manhattan Zip 10021

3. AKA _____ Type of Facility Other BIN 1044769 Block 1443 Lot 38

4. Building Owner Triborough Scaffolding & Hoisting Address 35-06 Farrington Street

5. City Flushing State NY Zip 11354 Contact Person Jared Bohrer

6. Tel. # (718) 886-1300 Fax # _____ Email jaredb@triboroscaffolding.com

7. Description of the Entire Scope of Work
Installation of pipe scaffold.

8. I, MARY HARTIGAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

09/25/2017 2:00PM-2:15PM 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: 3375 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Cementitious Material (3082 sq/ft), Roofing Material (249 sq/ft) and Flashing (44 sq/ft) are assumed asbestos.

☐ 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
OSP	Proposed Scaffold Location Only	Cementitious Material (3084 sq/ft)	0	Yes	Yes
OSP	Proposed Scaffold Location Only	Roofing Material (250 sq/ft)	0	Yes	Yes
OSP	Proposed Scaffold Location Only	Flashing (44 sq/ft)	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

MARY HARTIGAN 9/26/2017 120566 12/7/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 494-2285 Fax # _____

Email mhartigan127@aol.com



SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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.

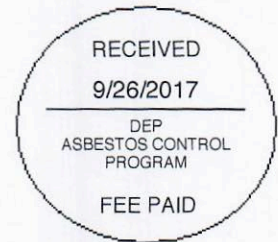
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

Note: There is always a possibility of existing ACM inside the wall, or above the ceiling, or under existing flooring. If any suspected ACM is found, all work should be stopped for reinspection.





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11. NYS DOL Asbestos Handling license # 61539 Company Name Environmental Experts, Inc.

I hereby declare the information provided herein is true and complete

<u>MARY HARTIGAN</u>	<u>9/26/2017</u>	<u>120566</u>	<u>12/7/2018</u>
<i>DEP Certified Asbestos Investigator's Signature</i>	<i>Date</i>	<i>Certificate Number</i>	<i>Expiration Date</i>

Tel. # (914) 494-2285 Fax # _____

Email mhartigan127@aol.com

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