



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: 1496702**
2. Premise No. 725 Street Name WEST 172 STREET Borough Manhattan Zip 10032
3. AKA _____ Type of Facility Residence BIN _____ Block 2139 Lot 335
4. Building Owner JASPREET SINGH (REP) Address 110-01 101ST AVENUE
5. City SOUTH RICHMOND HILL State NY Zip 11419 Contact Person JASPREET SINGH
6. Tel. # (718) 496-7251 Fax # _____ Email solidexpediting@gmail.com

7. Description of the Entire Scope of Work
EXTERIOR RENOVATION (FACADE REPAIR) INCLUDES BRICK REPLACEMENT AS PER PLAN. NO CHANGE IN BULK, USE, EGRESS OR OCCUPANCY UNDER THIS APPLICATION.

8. I, MD. SHAMIM AKOND, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/02/2018 5:00PM-5:30PM 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: _____ sq. ft. _____ linear ft.
Specify locations (attach additional documents as necessary): _____

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Facade	001 to 006	FRONT FACADE, SCATTERED 500 SQ. FT.	BRICK MASONRY, ENTIRE FACADE HOMOGENEOUS, NOT SUSPICIOUS ACM.	0	No	No

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

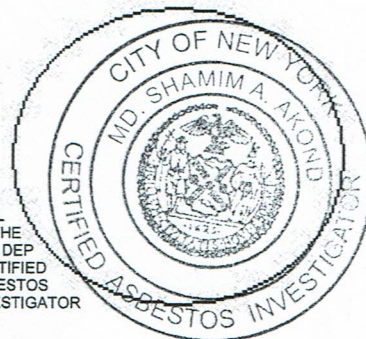
MD. SHAMIM AKOND 11/6/2018 133598 8/1/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 828-1309 Fax # _____

Email LOPASHAMIM04@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, 40 CFR 763.80, 40 CFR 763.85.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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11. NYS DOL Asbestos Handling license # 81973 Company Name ST Design & Consulting

I hereby declare the information provided herein is true and complete

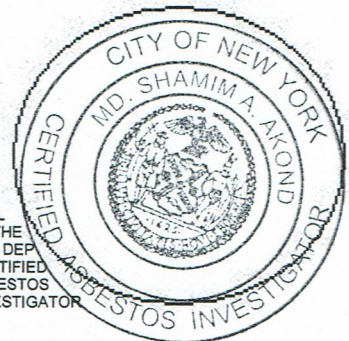
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