



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: 1620155**

2. Premise No. 562 Street Name West 144th Street Borough Manhattan Zip 10031

3. AKA _____ Type of Facility Residence BIN 1061895 Block 02075 Lot 0061

4. Building Owner J&K East Corporation Address 254 Wilson Place

5. City Wyckoff State NJ Zip 07481 Contact Person Ho Cho Kong

6. Tel. # (212) 594-7616 Fax # _____ Email kprealtyllc@gmail.com

7. Work Type BL Boiler

Description of the Entire Scope of Work

Replace existing Boiler with new. Replace existing Hot Water Heater with new. No change of egress, use or occupancy.

8. I, CHARLES COPPLE, have conducted an asbestos investigation on _____ in accordance with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

08/16/2019 9:00AM-10:00AM Date(s)

- ☒ 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
Basement	Boiler Room	Boiler Jacket Insulation	3	No	No				
Basement	Boiler Room	Fiberglass Pipe Cover (Insulation Jacket)	3	No	No				

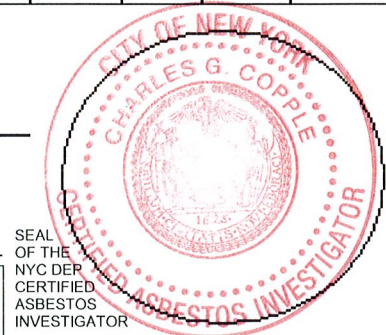
I hereby declare the information provided herein is true and complete

CHARLES COPPLE 8/26/2019 123655 8/9/2020
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 774-8254 Fax # _____

Email charlescopples@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.



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





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Basement	Boiler Room	Boiler Patch Cement (Flue)	3	No	No				
Basement	Boiler Room	Boiler Joint Packing	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci, NY	11480	8/23/2019

11. NYS DOL Asbestos Handling license # 28894 Company Name Applied Technology Services, Inc.

12. Comment

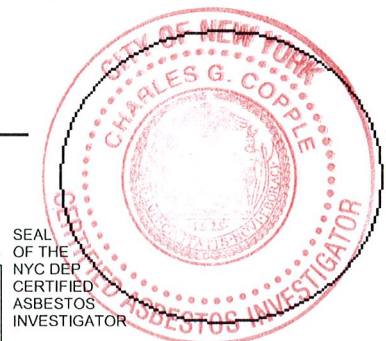
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