

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

2. Premise No. 3950 Street Name LACONIA AVE Borough BRONX Zip 10466
3. AKA _____ Type of Facility COM. Bin 2065948 Block 4903 Lot 42
4. Building Owner Anthony Puma (Managing Member) Address 2930 Westchester Ave.
5. City Bronx State NY Zip 10461 Contact Person ANTHONY PUMA
6. Tel. # 718-597-1575 Fax # _____ Email _____

7. Description of the Entire Scope of Work
INSTALL NEW FIRE ALARM SYSTEM ON PARTIAL 1ST FLOOR.

No change in use, occupancy and egress is involved under this application.

8. I, SUNG HO SHIN, have conducted an asbestos investigation on 7/22/10 in accordance with Sections 1-16 and 1-28 of the
Name of Certified Asbestos Investigator Date

NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☒ a. premise (or portions thereof) 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 in the area 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): _____

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR (including cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT		ASSUMED ACM
				YES	NO	
001	WORK AREA	N/A		☐	☒	
CEL	WORK AREA	N/A		☐	☒	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

10. Analytical Laboratory N/A

11. ELAP # N/A Date(s) Samples Analyzed _____
NYS DOH CERTIFICATION

12. I hereby declare the information provided herein is true and complete.

[Signature] 7/22/10 114593 7/02/2011
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # 718-428-2882 Fax # 718-428-2872 email: ARCHISPACE1@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 Part 763.86.

