



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 113

ASBESTOS ASSESSMENT REPORT



1. NYC Buildings Dept. Application # _____
2. Premise No. 80 Street Name strong street Borough Bronx Zip 10468
3. AKA _____ Type of Facility Residence BIN 2015301 Block 03249 Lot 0025
4. Building Owner SHQYPE REALTY CORP. Address 80 STRONG STREET
5. City BRONX State NY Zip 10468 Contact Person GANI BAJAKATRI
6. Tel. # (718) 365-4310 Fax # _____ Email _____
7. Description of the Entire Scope of Work
REPLACEMENT OF WINDOW LINTLS AT THE FRONT FACADE

8. I, MD ASHRAF ALI, have conducted an asbestos investigation on 10/12/2010 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
- Name of Certified Asbestos Investigator Date
- ☒ 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 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	DESCRIPTION SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
OSP	replacement of window lintls at the front facade	metal brick	0	No	No

10. Analytical Laboratory N/A11. ELAP # N/A Date(s) Samples Analyzed N/A
NYS DOH CERTIFICATION

I hereby declare the information provided herein is true and complete

DEP Certified Asbestos Investigator's Signature 10/14/2010 119372 6/10/2013
Date Certificate Number Expiration Date

Tel. # (718) 841-7550 Fax # (646) 476-8641 Email abid265@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.



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