



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



1. NYC Buildings Dept. Application # _____
2. Premise No. 51 Street Name East Tremont Avenue Borough Bronx Zip 10453
3. AKA _____ Type of Facility Commercial BIN 2007940 Block 02829 Lot 0026
4. Building Owner Sam Ianani Address 51 East Tremont Avenue
5. City Bronx State NY Zip 10453 Contact Person Sam Ianani
6. Tel. # (914) 490-0629 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Removal of existing Brick / cast stone balustrade roof top parapet railings. installation of new metal coping.

8. I, CLEMENT JOLAOSO, have conducted an asbestos investigation on 11/24/2010 in accordance
Name of Certified Asbestos Investigator Date

with Sections 1-16 and 1-28 of the 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 and will not be disturbed during construction activity. Specify the quantity and area where asbestos is present.

Specify amount: 5000 sq. ft _____ linear ft.

Specify locations (attach additional documents as necessary):

Entire roof / flashing

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
Roof	Front / left portion.	Brick / cast stone balustrade rooftop railings. Roofing material / flashing,	0	No	Yes

10. Analytical Laboratory N/A

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

I hereby declare the information provided herein is true and complete

[Signature] 11/29/2010 116518 12/9/2011
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # 7184546622 Fax # _____ Email cjolaoso@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 763.86.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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