



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375
ASBESTOS ASSESSMENT REPORT



1. NYC Buildings Dept. Application # _____
2. Premise No. 1541 Street Name SHAKESPEARE Borough Bronx Zip 10452
3. AKA _____ Type of Facility Residence BIN 2008741 Block 02873 Lot 0103
4. Building Owner NORMAN KHURDAN Address 451 ROBINS STREET
5. City ROSELLE State NJ Zip 07203 Contact Person NORMAN KHURDAN
6. Tel. # (973) 985-4732 Fax # _____ Email _____
7. Description of the Entire Scope of Work
REPLACEMENT OF EXTERIOR WINDOW SILLS

8. I, JOHN ANUFORO, have conducted an asbestos investigation on 11/22/2010 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: _____ 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
Exterior Wall	ENTIRE	WINDOW SILL CAULKING	2	No	No

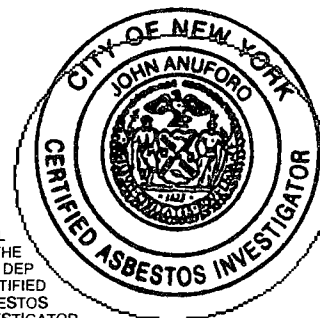
10. Analytical Laboratory ATC. ASSOCIATES INC
11. ELAP # 10879 Date(s) Samples Analyzed 11/23/2010
NYS DOH CERTIFICATION

I hereby declare the information provided herein is true and complete

[Signature] 1/14/2011 114497 6/15/2011
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
cunoenvironmentalcorp@yahoo.com
Tel. # (914) 774-9003 Fax # (914) 366-0268 Email o.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



2224881