



NYC DEPARTMENT OF ENVIRONMENTAL PROT
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____
2. Premise No. 1590 Street Name UNDERCLIFF AVENUE Borough Bronx Zip 10453
3. AKA _____ Type of Facility Residence BIN 2092064 Block 02877 Lot 0166
4. Building Owner JOE FRIEDMAN Address 1590 UNDERCLIFF AVENUE
5. City BRONX State NY Zip 10453 Contact Person JOE FRIEDMAN
6. Tel. # 917-692-2715 Fax # _____ Email _____

7. Description of the Entire Scope of Work

EXTERIOR RENOVATION OF FACADE AS PER PLANS. NO CHANGE IN USE, EGRESS, AND OCCUPANCY.

8. I, KELECHI AMADI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

04/03/2011 in accordance
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. portion(s) of the premises 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):

d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
OSP	ENTIRE	CONCRETE FLOORING, FACADE, FINISHING/PAINT, CEMENT/BRICK WORK	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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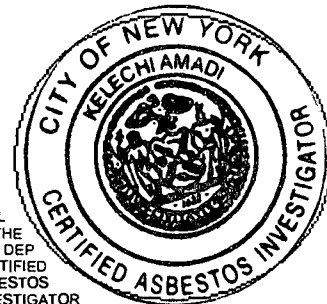
I hereby declare the information provided herein is true and complete

KELECHI AMADI 4/3/2011 113521 12/1/2011
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (347) 677-7098 Fax # (718) 670-3245 Email kelechinamadi@hotmail.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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