



NYC DEPARTMENT OF ENVIRONMENT,
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flush
ASBESTOS ASSESSMENT RE



1. NYC DOB Job # (if applicable) _____
2. Premise No. 1033 Street Name ST. JOHNS AVENUE Borough Bronx Zip 10455
3. AKA _____ Type of Facility Residence BIN 2004141 Block 02603 Lot 0150
4. Building Owner QUADRANT PROPERTIES Address 5925 BROADWAY
5. City BRONX State NY Zip 10463 Contact Person MICHAEL STURMER
6. Tel. # (718) 865-1862 Fax # _____ Email _____
7. Description of the Entire Scope of Work
REPLACE BOILER AND OIL BURNER.

8. I, JOSEPH BAZINI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
07/28/2011 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 10 linear ft.
Specify locations (attach additional documents as necessary):
SUSPECT MATERIAL ON PIPING ABOVE BOILER

- ☐ 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
CELLAR	BOILER ROOM	PIPE LAGGING	0	Yes	Yes

10. ANALYTICAL LABORATORY:

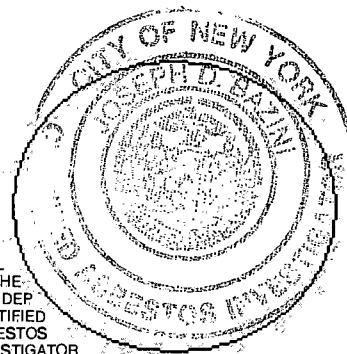
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

JOSEPH BAZINI 8/5/2011 119878 10/13/2012
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (516) 502-4837 Fax # _____ Email joe@baziniengineering.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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