



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



1. NYC DOB Job # (if applicable) \_\_\_\_\_  
2. Premise No. 543 Street Name EAST 137 STREET Borough Bronx Zip 10454  
3. AKA \_\_\_\_\_ Type of Facility Residence BIN 2000051 Block 02265 Lot 0050  
4. Building Owner 543 JVB ASSOCIATES INC. Address 543 EAST 137 STREET  
5. City BRONX State NY Zip 10454 Contact Person REID ALI  
6. Tel. # (347) 935-2033 Fax # \_\_\_\_\_ Email \_\_\_\_\_

7. Description of the Entire Scope of Work

INSTALLATION OF NEW BOILERS AND WATER HEATERS IN THE BASEMENT

8. I, MARTIN AMBROSE, have conducted an asbestos investigation on

*Name of Certified Asbestos Investigator*

11/01/2011

*Date*

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

☐ 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 |
|----------|---------------------------|-----------------------------------------------------|----------------------------|------------------|-------------|
| BASEMENT | BOILER ROOM               | BUILDING MATERIAL                                   | 0                          | Yes              | Yes         |

10. ANALYTICAL LABORATORY:

| NAME | ELAP # (NYS DOH CERTIFICATION) | DATE(S) SAMPLES ANALYZED |
|------|--------------------------------|--------------------------|
|------|--------------------------------|--------------------------|

I hereby declare the information provided herein is true and complete

Martin Ambrose

MARTIN AMBROSE

11/3/2011

116635

12/3/2011

DEP Certified Asbestos Investigator's Signature

Date

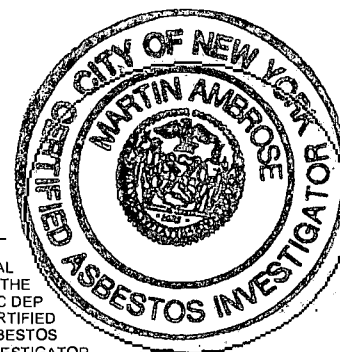
Certificate Number

Expiration Date

Tel. # (718) 342-7686 Fax # (718) 342-7685 Email velmartin@juno.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



2276303