



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____

Control Number: 2032710

2. Premise No. 421 Street Name AUSTIN PLACE Borough Bronx Zip 104553. AKA _____ Type of Facility Commercial BIN 2004072 Block 02600 Lot 0070

PERSONAL TOUCH VALET WHOLE

4. Building Owner SALE BRONX, INC Address 421 AUSTIN PLACE5. City BRONX State NY Zip 10455 Contact Person MR LEE6. Tel. # (516) 713-0369 Fax # _____ Email _____

7. Description of the Entire Scope of Work

REPLACE OF DRY CLEANING MACHINE AND ADDING NEW NON-BEARING PARTITIONS AS PER PLANS SUBMITTED. NO CHANGE IN USE, OR EGRESS OR OCCUPANCY UNDER THIS APPLICATION.

8. I, VICTOR ALONSO, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

07/09/2012

Date(s)

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
1 ST FL	AREA OF WORK ONLY	NO SUSPECT ACM, PICTURES HAS BEEN TAKEN.	0	No	
ROOF	ROOF AREA OF WORK ONLY	ROOF MEMBRANE ASSUME ACM LESS THAN 10SF	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

VICTOR ALONSO 7/12/2012 113370 2/25/2013

DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 716-8700 Fax # (718) 716-7669 Email aloneng@optimum.net

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

DEPT. BLDGS 220198701 Job Number



SC621983740

Scan Code



2534643



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11. NYS DOL Asbestos Handling license # 62663 Company Name Victor N. Alonso

I hereby declare the information provided herein is true and complete

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