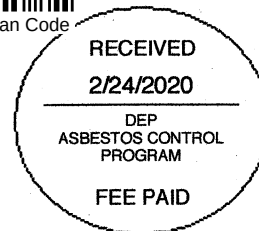




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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



1. NYC DOB Job # (if applicable) _____ **Control Number: 2675242**
2. Premise No. 1588 Street Name Jesup Avenue Borough Bronx Zip 10452
3. AKA _____ Type of Facility Residence BIN 2008699 Block 02872 Lot 0260
4. Building Owner TEOFILO ACEVEDO Address 1588 JESUP AVE
5. City Bronx State NY Zip 10452 Contact Person JAE Architect PC
6. Tel. # (516) 233-8945 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

REMOVE ILLEGAL PARTITION & RESTORE BACK TO ORIGINAL CONDITION WITH NO CHANGE C OF O.

8. I, JOHN ZURITA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

01/27/2020 5:00PM-6:00PM in accordance
Date(s)

with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☒ a. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ 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.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

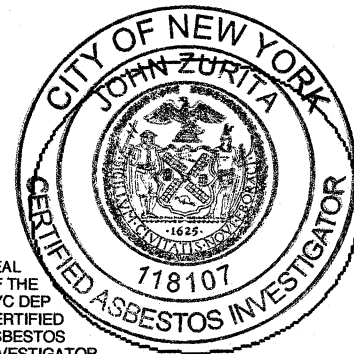
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Basement	Partition Walls, Ceiling	Sheetrock	3	No	No				

I hereby declare the information provided herein is true and complete

JOHN ZURITA 2/24/2020 118107 6/13/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 252-7263 Fax # _____Email jzurita@verizon.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

Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

25692186