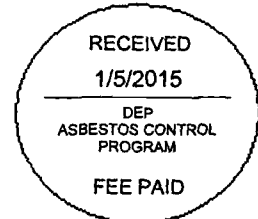




NYC DEPARTMENT
A
59-17 Junction E
ASBES



1. NYC DOB Job # (if applicable) _____ Control Number: **2163502**
2. Premise No. 265 Street Name EAST 181ST STREET Borough Bronx Zip 10457
3. AKA _____ Type of Facility Residence BIN 2013550 Block 03149 Lot 0153
4. Building Owner 265 EAST 181ST REALTY CO, INC Address c/o HECTOR PERALES, 240 NORTH AVE, STE 212
5. City NEW ROCHELLE State NY Zip 10801 Contact Person HECTOR PERALES
6. Tel. # (914) 438-4761 Fax # _____ Email PERALES75@GMAIL.COM
7. Description of the Entire Scope of Work
LEGALIZE REPLACEMENT LOW PRESSURE BOILER AND OIL BURNER.

8. I, BRAD COHEN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/12/2014 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. 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: 2520 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
(1) PIECE OF AIR CELL LAGGING ABOVE TANK ASSUMED FR ACM; CONCRETE FLOOR ASSUMED FR ACM; CEMENT CRILING ASSUMED FR ACM; BRICK, CONCRETE, AND CEMENT COVERED WALLS ASSUMED FR ACM; CONCRETE TANK WRAPPING ASSUMED FR ACM.

- ☐ 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	AIR CELL, CONCRETE, CEMENT, BRICK	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

BRAD COHEN 1/5/2015 116684 1/18/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (516) 681-2116 Fax # (516) 681-2116 Email becohen@optonline.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.

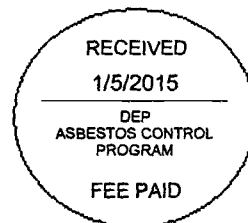
SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



25172249



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



11. NYS DOL Asbestos Handling license # 58128 Company Name Brad E. Cohen, PE

I hereby declare the information provided herein is true and complete

<u>BRAD COHEN</u>	<u>1/5/2015</u>	<u>116684</u>	<u>1/18/2016</u>
<i>DEP Certified Asbestos Investigator's Signature</i>	<i>Date</i>	<i>Certificate Number</i>	<i>Expiration Date</i>
Tel. # (516) 681-2116 Fax # (516) 681-2116 Email <u>becohen@optonline.net</u>			

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