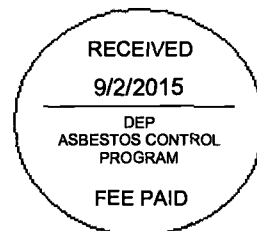




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 2202543**
2. Premise No. 626 Street Name EAST 223 STREET Borough Bronx Zip 10466
3. AKA _____ Type of Facility Residence BIN 2062906 Block 04824 Lot 0052
4. Building Owner RITA C. ESONWUNE Address 626 E 223RD STREET
5. City BRONX State NY Zip 10466 Contact Person ROBERT LUNAGJ
6. Tel. # (917) 337-5578 Fax # _____ Email _____

7. Description of the Entire Scope of Work

FULL DE,OLITION OF AN EXISTING TWO STORY PLUS CELLAR ONE FAMILY HOUSE.

8. I, VICTOR ALONSO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

08/27/2015 7:30AM-8:45AM 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: _____ 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
CELLAR	ENTIRE CEILING	592SF CEILING PLASTER TO BE DEMOLISHED. PICTURES HAS BEEN TAKEN.	3	No	
CELLAR	ENTIRE FLOOR & WALLS.	CERAMIC TILES ON FLOOR CONCRET & STONE FOUNDATION WALL FURRED WITH PLYWOOD NO SUSPECT ACM. PICTURES HAS BEEN TAEKN.	0	No	

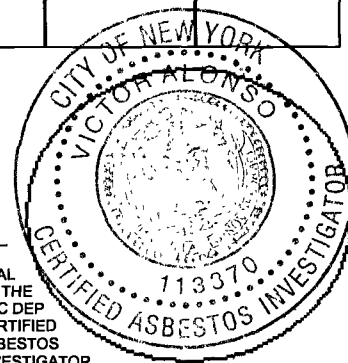
I hereby declare the information provided herein is true and complete

VICTOR ALONSO 9/2/2015 113370 2/25/2017
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



Is it a Build-It-Back

☒ No



9/2/2015 1:10:20 PM



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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

RECEIVED

9/2/2015

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

CELLAR	ENTIRE INTERIOR PARTITIONS.	480SF PLASTER INTERIOR PARTITIONS TO BE DEMOLISHED. PICTURES HAS BEEN TAKEN.	3	No	
1ST FL	ENTIRE CEILING.	800SF CEILING PLASTER TO BE DEMOLISHED. PICTURES HAS BEEN TAKEN.	3	No	
1ST FL	ENTIRE WALLS & PARTITIONS.	1360SF PLASTER INTERIOR WALLS & PARTITIONS TO BE DEMOLISHED. PICTURES HAS BEEN TAKEN.	5	No	
1ST FL	ENTIRE FLOOR.	WOOD FLOOR, NO SUSPECT ACM. PICTURES HAS BEEN TAKEN.	0	No	
2ND FL	ENTIRE CEILING.	617SF CEILING PLASTER TO BE DEMOLISHED. PICTURES HAS BEEN TAKEN.	3	No	
2ND FL	ENTERIRE WALLS & PARTITIONS.	1632SF PLASTER INTERIOR WALLS AND PARTITIONS TO BE REMOVED. PICTURES HAS BEEN TAKEN.	5	No	
2ND FL	FLOOR AREA ENTIRE	WOOD FLOOR, NO SUSPECT ACM. PICTURES HAS BEEN TAKEN.	0	No	
ROOF	ENTIRE ROOF.	920SF ROOF SHINGLES TO BE DEMOLISHED, 1ST & 2ND LAYERS.	2	No	
1 THRU 2ND	EXTERIOR WALLS ENTIRE 1 THRU 2.	WOOD SHINGLES. NO SUSPECT ACM. ASBESTOS PREVIOUS REMOVED UNDER ACP-21 THRUO552BX15	2	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ATLAS ENVIRONMENTAL LAB, CORP	1199	8/31/2015

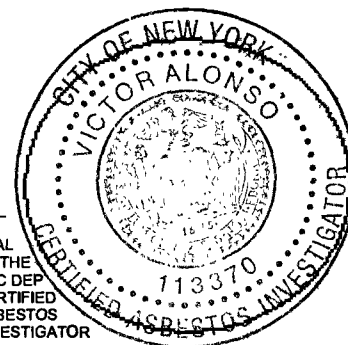
11. NYS DOL Asbestos Handling license # 62663 Company Name Victor N. Alonso

I hereby declare the information provided herein is true and complete

VICTOR ALONSO 9/2/2015 113370 2/25/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

25213394