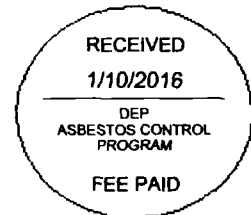




NYC DEPARTMENT

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

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 2221712
2. Premise No. 64 Street Name Sunset Trail, Borough Bronx Zip 10465
3. AKA _____ Type of Facility Residence BIN 2097712 Block 05455 Lot 0060
4. Building Owner Glenn Puppa. Address 64 Sunset Trail,
5. City Bronx. State NY Zip 10465 Contact Person Glenn Puppa.
6. Tel. # (718) 597-6090 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Vertical extension of house; addition of a new 2nd. floor. No other work to be performed under this application and ACP5 - 16001.

8. I, VICTOR ESCALONA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
01/04/2016 8:00AM-12:00PM 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. 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
Roof.	Entire roof area.	Roof shingle, roof flashing materials.	4	No	No
1st.	Exterior walls (OSP).	Wall stucco material.	3	No	No
1st.	Upper area of 1st. floor.	Joint compound, sheetrock, ceiling tile materials.	7	No	No

I hereby declare the information provided herein is true and complete

VICTOR ESCALONA 1/10/2016 118264 6/11/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 731-4588 Fax # (718) 904-9117Email commercialab@msn.com

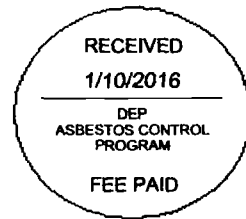
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86.

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

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



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories, Inc.,	12003	1/6/2016
Metro Analytical Laboratories, Inc.,	12003	1/7/2016

11. NYS DOL Asbestos Handling license # 28947 Company Name Commercial Lab Enterprise

I hereby declare the information provided herein is true and complete

VICTOR ESCALONA 1/10/2016 118264 6/11/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 731-4588 Fax # (718) 904-9117

Email commerciallab@msn.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.



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



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