



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Asbestos Control Program  
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11357  
**ASBESTOS ASSESSMENT REPORT**



1. NYC DOB Job # (if applicable) \_\_\_\_\_ **Control Number: 2212140**  
2. Premise No. 600 Street Name EAST 141 STREET Borough Bronx Zip 10454  
3. AKA \_\_\_\_\_ Type of Facility Residence BIN 2091278 Block 02553 Lot 0023  
4. Building Owner DIEGO BEEKMAN MUTUAL HSING ASSOCIATION Address 694 EAST 141 STREET  
5. City BRONX State NY Zip 10454 Contact Person BARBARA TAYLOR  
6. Tel. # (718) 292-2626 Fax # \_\_\_\_\_ Email \_\_\_\_\_

7. Description of the Entire Scope of Work

GAS TO GAS DIRECT REPLACEMENT OF BOILER

8. I, PAUL JENNINGS, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

10/30/2015 9:00AM-9:30AM

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: 4 sq. ft. \_\_\_\_\_ linear ft.

Specify locations (attach additional documents as necessary):

BOILER ROOM FLUE CONNECTION CEMENTITIOUS 4 SF

- ☐ 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 FLUE CONNECTION | CEMENTITIOUS 4 SF                                   | 0                          | Yes              | Yes         |

10. ANALYTICAL LABORATORY:

| NAME | ELAP # (NYS DOH CERTIFICATION) | DATE(S) SAMPLES ANALYZED |
|------|--------------------------------|--------------------------|
|------|--------------------------------|--------------------------|

11. NYS DOL Asbestos Handling license # 63956 Company Name Alpha Asbestos Corp.

I hereby declare the information provided herein is true and complete

PAUL JENNINGS 11/2/2015 125027 8/1/2016  
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 662-5480 Fax # (718) 978-9780

Email paulnickjoni@yahoo.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

SEAL OF THE  
NYC DEP  
CERTIFIED  
ASBESTOS  
INVESTIGATOR



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

