



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: 2261881**
2. Premise No. 1530 Street Name ALLERTON AVENUE Borough Bronx Zip 10469
3. AKA _____ Type of Facility Residence BIN 2053113 Block 04481 Lot 0112
4. Building Owner ROSA DELOS SANTOS Address 1530 ALLERTON AVENUE
5. City BRONX State NY Zip 10469 Contact Person ROSA DELOS SANTOS
6. Tel. # (212) 340-8631 Fax # _____ Email PEACORP2@AOL.COM

7. Description of the Entire Scope of Work

FILING FOR APPROVAL NEW EXTENSION AT REAR 1ST FLOOR.

8. I, ALIM YARIMA, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

08/25/2016 6:30PM-7:15PM

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: _____ sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary): _____

☐ d. entire building is free of asbestos containing material (ACM).

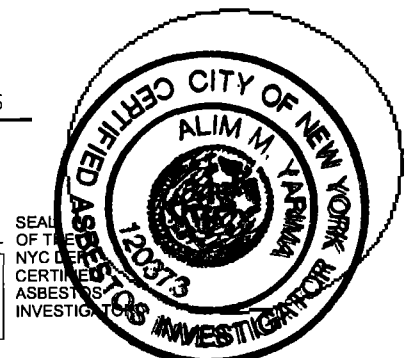
9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
1ST FLOOR	KITCHEN & PORCH FLOOR	GROUT	2	No	No
1ST FLOOR	PORCH ROOF	ROOF SINGLES	2	No	No
1ST FLOOR	WALL	CEMENT	2	No	No



I hereby declare the information provided herein is true and complete

ALIM YARIMA 9/11/2016 120373 11/22/2016
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Tel. # (917) 553-8946 Fax # (516) 285-6958
Email ngull@aol.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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10. ANALYTICAL LABORATORY:

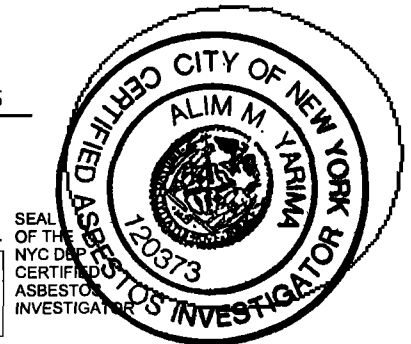
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
METRO ANALYTICAL LABORATORIES	12003	9/1/2016

11. NYS DOL Asbestos Handling license # 58858 Company Name Intersight Construction and Environmental Group Co

I hereby declare the information provided herein is true and complete

ALIM YARIMA 9/11/2016 120373 11/22/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
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