



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: 2258034**
2. Premise No. 973 Street Name Leggett Ave Borough Bronx Zip 10455
3. AKA _____ Type of Facility Commercial BIN 2115251 Block 02707 Lot 0001
4. Building Owner 977 Leggett Avenue LLC Address 977 Leggett Ave
5. City Bronx State NY Zip 10455 Contact Person Shawn Thomas
6. Tel. # (646) 261-1769 Fax # (914) 613-4549 Email tbc-11c1@yahoo.com

7. Description of the Entire Scope of Work

Filing to install fire suppression system and new hood with exhaust duct. No other work to be done. there will be no change in use egress or occupancy. (Site under construction).

8. I, VICTOR ALONSO, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

08/16/2016 4:00PM-4:15PM

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:

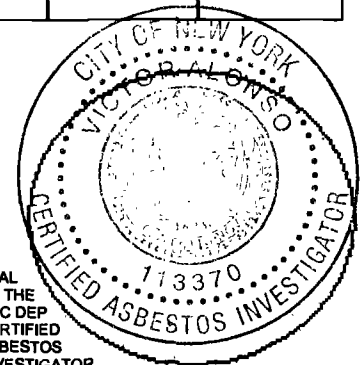
FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
1st comm space area of work only.	Walls floor & ceiling.	Wood joist, metal drop ceiling, frame ceramic walls and floor. No suspect ACM. Pictures has been taken.	0	No	
Roof area of work only.	Roof membrane.	Roof membrane assume ACM less than 10sf. Duct work placed thru existing opening. Pictures has been taken.	0	Yes	Yes

I hereby declare the information provided herein is true and complete

VICTOR ALONSO 8/17/2016 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



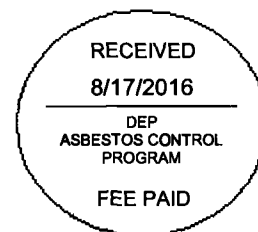
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a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

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

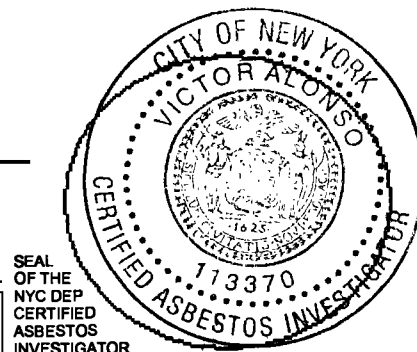
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