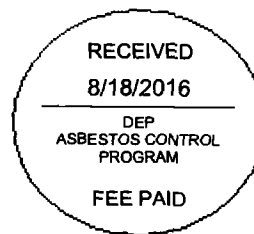




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 2258405

2. Premise No. 1795 Street Name CLINTON AVE Borough Bronx Zip 10457

3. AKA _____ Type of Facility Residence BIN 2009923 Block 02948 Lot 0018

4. Building Owner ERIC VAZQUEZ Address DOUGERT MANAGMENT CORP, 1795 CLINTON AVE

5. City BRONX State NY Zip 10457 Contact Person TONI

6. Tel. # (917) 642-9324 Fax # _____ Email _____

7. Description of the Entire Scope of Work
CORKING ENTIRE FRONT WINDOWS AS PER PLAN FILED

8. I, ARSHAD SHABBIR, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
08/17/2016 9:45AM-10:15AM 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: 240 sq. ft linear ft.
Specify locations (attach additional documents as necessary):
ENTIRE FRONT OF THE BUILDING.
- ☐ 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
ENTIRE FRONT	WINDOWS	CORKING. IT IS CORKING OVER EXISTING CORKING	0	No	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 77997 Company Name Global Expediting

I hereby declare the information provided herein is true and complete

ARSHAD SHABBIR 8/18/2016 106371 7/7/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (347) 350-3371 Fax # _____
Email jhelumpak@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



8/18/2016 6:21:42 PM

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