



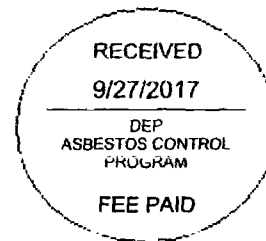
NYC DEP



CTION

59-17

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 2342933
2. Premise No. 1082 Street Name Hall Pl Borough Bronx Zip 10459
3. AKA _____ Type of Facility Residence BIN 2005406 Block 02700 Lot 0038
4. Building Owner Urbana Sanchez Address 1082 Hall Pl
5. City Bronx State NY Zip 10459 Contact Person Urbana Sanchez
6. Tel. # (917) 882-2971 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Full demo

8. I, EDWARD GIANNETTO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

09/21/2017 11:00AM-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
basement, 1-3 rd floors, exterior	entire	siding, roofing, floor tile, drywall	18	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL	11469	9/26/2017

I hereby declare the information provided herein is true and complete

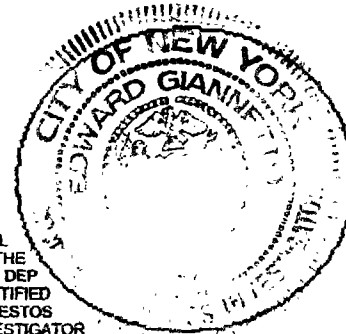
EDWARD GIANNETTO 9/27/2017 125285 1/13/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 326-0209 Fax # _____

Email qualtechny@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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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



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



11. NYS DOL Asbestos Handling license # 65051 Company Name Qualtech Corp

I hereby declare the information provided herein is true and complete

<u>EDWARD GIANNETTO</u>	<u>9/27/2017</u>	<u>125285</u>	<u>1/13/2018</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (516) 326-0209 Fax # _____

Email qualtechny@aol.com

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