



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: 2382537**
2. Premise No. 1575 Street Name Unionport Rd. Borough Bronx Zip 10462
3. AKA Furniture World Type of Facility Commercial BIN 2096609 Block 03937 Lot 7501
Parkchester South
4. Building Owner Condominiums, Inc. Address 2000 East Tremont Ave.
5. City Bronx State NY Zip 10462 Contact Person Steve Masom
6. Tel. # (718) 320-6005 Fax # (718) 931-5314 Email smasom@parkchestersouth.com

7. Description of the Entire Scope of Work

Storefront and ADA bathroom renovation as per the attached drawings and specifications from The Falcon Group dated 1/18/18.

8. I, ROBERT ARNEIL, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

02/06/2018 9:30AM-11:30AM

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. Spec
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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Outside Space		Storefront	Window Caulk Door Caulk	12	No	No
Ground Floor		Central Bathrooms	Plaster	6	No	No

I hereby declare the information provided herein is true and complete

ROBERT ARNEIL

2/12/2018

118976

8/19/2018

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

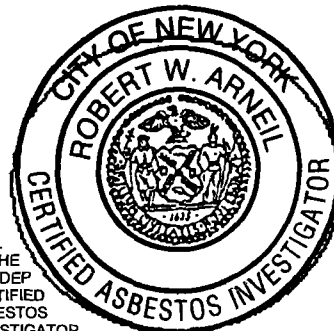
Expiration Date

Tel. # (973) 356-1061 Fax # (973) 729-5649

Email barneil@ehi-inc.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, 40 CFR 763.80, 40 CFR 763.85.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



25401473



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci-NY	11480	2/9/2018

11. NYS DOL Asbestos Handling license # 29737 Company Name Environmental Health Investigations, Inc.

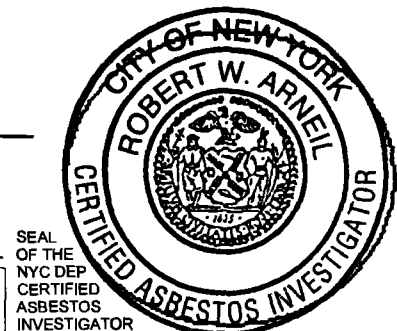
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ROBERT ARNEIL 2/12/2018 118976 8/19/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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