



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

DEP
 ASBESTOS CONTROL
 PROGRAM
 FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 2539932**
 2. Premise No. 4045 Street Name Monticello Avenue Borough Bronx Zip 10466
 3. AKA _____ Type of Facility Residence BIN 2067849 Block 04986 Lot 0063
 4. Building Owner Elvis Robinson Address 4045 Monticello Avenue
 5. City Bronx State NY Zip 10466 Contact Person Elvis Robinson
 6. Tel. # (347) 653-5467 Fax # _____ Email _____
 7. Work Type General Construction

Description of the Entire Scope of Work
Building expansion

8. I, HERBERT THOMPSON, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
02/06/2019 6:00PM-7:00PM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
☐ 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.
☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Facade-1 to 2	Interior space and exterior facade	None	0	No	No				a

I hereby declare the information provided herein is true and complete

HERBERT THOMPSON 2/9/2019 136301 1/20/2021
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
 Tel. # (516) 790-6341 Fax # _____
 Email herbert.thompson@atcassociates.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
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11. NYS DOL Asbestos Handling license # 29902 Company Name ATC Group Services, LLC

12. Comment

16 SF of flashing cement abated from exterior back wall on 2/3/2019. ACP-21 issued on 2/7/2019

I hereby declare the information provided herein is true and complete

HERBERT THOMPSON 2/9/2019 136301 1/20/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (516) 790-6341 Fax # _____
Email herbert.thompson@atcassociates.com

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2/9/2019 8:47:05 AM

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