



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: 2672782**
2. Premise No. 899 Street Name Faile Street Borough Bronx Zip 10474
3. AKA _____ Type of Facility Residence BIN 2006329 Block 02761 Lot 0035
4. Building Owner Cesar Vallecillo Address 899 Faile Street
5. City Bronx State NY Zip 10474 Contact Person Same
6. Tel. # (646) 488-9935 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

Application file in order to address Violation 39012591M, Legalized Repair of existing Rear Addition only. As per plan

8. I, BENJAMIN CASTILLO, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
- 01/17/2020 12:00PM-1:15PM 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:

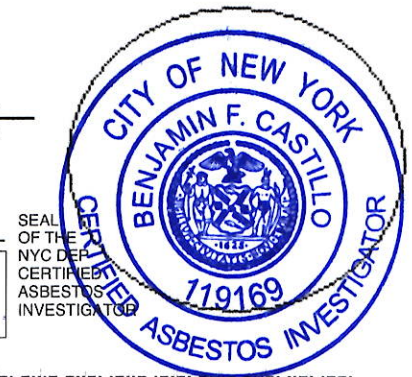
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-01 to 02	Rear Side Addition Exterior Wall (work area only)	Gypsum Board	3	No	No				

I hereby declare the information provided herein is true and complete

BENJAMIN CASTILLO 2/7/2020 119169 2/10/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 330-2909 Fax # (347) 688-8964

Email benjaminfcastillo@gmail.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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Building Floors-01 to 02	Rear Side Addition Exterior Wall (work area only)	Vinyl Siding	2	No	No				
Building Floors-01 to 02	Rear Side Addition Cavity Exterior Wall (work area only)	Insulation	2	No	No				
Building Floors-01 to 02	Rear Side Addition Cavity Exterior Wall (work area only)	Rubber Water Proof	2	No	No				
Cellar	Rear Side Addition Foundation Wall(work area only)	Stone Coating Cement	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp	11999	1/21/2020
Atlas Environmental Lab, Corp	11999	1/22/2020

11. NYS DOL Asbestos Handling license # 60475 Company Name Benjamin F. Castillo**12. Comment**

This ACP5 is with the purpose to legalize Addition at Rear side of the Building, no work will be done of the Interior of the Building at Cellar, First and Second Floor.

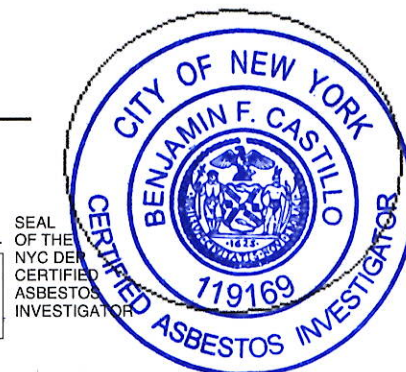
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