



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: 2053697

2. Premise No. 2495 Street Name Third Avenue Borough Bronx Zip 10451

3. AKA _____ Type of Facility Commercial BIN 2000796 Block 02320 Lot 0050
Comm. Financial Services

4. Building Owner Corp. Address 560 Sylvan Avenue

5. City Englewood Cliffs State NJ Zip 07632 Contact Person Tom Musial

6. Tel. # (201) 569-2116 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Existing warehouse use group 16 to be converted to a use group 6 banking establishment. New store fixtures, counters, hung ceiling, store front, teller enclosure, relocated toilet room with upgrade to handicap. New interior walls and interior finishes.

8. I, JEAN RENSINK, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

12/10/2012 _____ 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
1	Existing warehouse space	Masonry, Sheetrock	5	No	

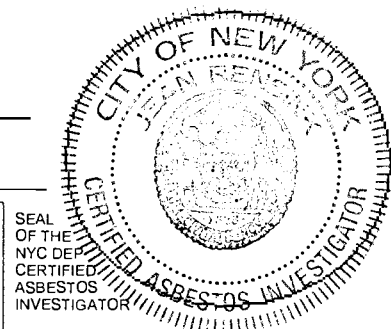
10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri-sci	11480	12/12/2012

I hereby declare the information provided herein is true and complete

JEAN RENSINK 12/14/2012 123114 5/7/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (845) 782-4443 Fax # _____ Email jeanrensink@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.





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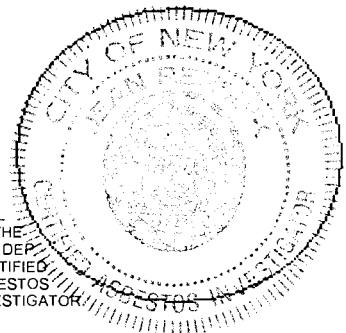
11. NYS DOL Asbestos Handling license # 28946 Company Name AA Services, LLC

I hereby declare the information provided herein is true and complete

<u>JEAN RENSINK</u>	<u>12/14/2012</u>	<u>123114</u>	<u>5/7/2014</u>
<i>DEP Certified Asbestos Investigator's Signature</i>	<i>Date</i>	<i>Certificate Number</i>	<i>Expiration Date</i>
Tel. # <u>(845) 782-4443</u> Fax # _____ Email <u>jeanrensink@aol.com</u>			

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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