



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: 2102109**

2. Premise No. 2765 Street Name KINGSBRIDGE TERRACE Borough Bronx Zip 10463

3. AKA _____ Type of Facility Residence BIN 2015702 Block 03256 Lot 0089

4. Building Owner 2765 KINGSBRIDGE TERR Address 2765 KINGSBRIDGE TERRACE

5. City BRONX State NY Zip 10463 Contact Person SAGIR CHAUDHRY

6. Tel. # (718) 231-0217 Fax # _____ Email _____

7. Description of the Entire Scope of Work
PROPOSED BRICK CRACK REPAIR, WINDOW LINTELS AND SILLS REPLACEMENT ON THE EXTERIOR FACADE OF THE BUILDING.

8. I, RAMANI MARIAPPAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/20/2013 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
001-006, ROF	EXTERIOR FAÇADE OF THE BUILDING	NO SUSPECTED ACM	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 73121 Company Name Royal Builders Group, Inc.

I hereby declare the information provided herein is true and complete

RAMANI MARIAPPAN 11/20/2013 131224 9/25/2015
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Tel. # (347) 255-9002 Fax # (718) 228-5663 Email priya@royalexpediting.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



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