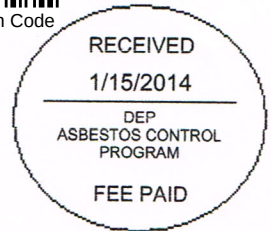




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 2108735**

2. Premise No. 1081 Street Name Teller Avenue Borough Bronx Zip 10456

3. AKA _____ Type of Facility Residence BIN 2002233 Block 02433 Lot 0061

4. Building Owner CRP 1081 Teller LLC Address 1841 Broadway, #400

5. City New York State NY Zip 10023 Contact Person Paul Salib

6. Tel. # (646) 545-6700 Fax # _____ Email _____

7. Description of the Entire Scope of Work
PROPOSED FLOOR JOIST REPLACEMENT IN APT# 3 & 5 AS PER PLAN.

8. I, SRINIVASAN KULANDAI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/21/2013 *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. 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
3rd Floor	Bath Room	Floor Tile	1	No	No
3rd Floor	Bath Room	Bath Room Wall Stucco	1	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ALPHA LABS	11833	1/2/2014

I hereby declare the information provided herein is true and complete

SRINIVASAN KULANDAI 1/15/2014 129959 5/10/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 844-0862 Fax # (718) 228-5663 Email sam@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



25114405



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



11. NYS DOL Asbestos Handling license # 73121 Company Name Royal Builders Group, Inc.

I hereby declare the information provided herein is true and complete

<u>SRINIVASAN KULANDAI</u>	<u>1/15/2014</u>	<u>129959</u>	<u>5/10/2015</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date
Tel. # (718) 844-0862 Fax # (718) 228-5663 Email <u>sam@royalexpediting.com</u>			

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SEAL
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NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



25114405