



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: 2255017**

2. Premise No. 2144 Street Name BRONX PARK EAST Borough Bronx Zip 10462

3. AKA _____ Type of Facility Residence BIN 2049368 Block 04317 Lot 0001

4. Building Owner BRONX PARK GARDENS LL Address 2144 BRONX PARK EAST

5. City BRONX State NY Zip 10462 Contact Person FAIZ AHMED

6. Tel. # 7186556659 Fax # _____ Email _____

7. Description of the Entire Scope of Work
PROPOSED EXTERIOR FACADE REPAIR WORK OF THE BUILDING.

8. I, SRINIVASAN KULANDAI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

07/14/2016 1:30PM-2:30PM 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
ROF	ROOF	PARAPET WALL FLASHING	3	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ALBHA LABS	11833	7/16/2016

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

I hereby declare the information provided herein is true and complete

SRINIVASAN KULANDAI 7/30/2016 129959 5/10/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 844-0862 Fax # _____

Email sam@royalgroupny.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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