



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: 2253889**

2. Premise No. 155 Street Name East Mosholu Parkway Borough Bronx Zip 10467

3. AKA _____ Type of Facility Residence BIN 2018005 Block 03335 Lot 0110

4. Building Owner Van Courtlandt Assets LLC Address P.O.Box 331

5. City Tenec State NJ Zip 07666 Contact Person Asher Toporovsky

6. Tel. # (201) 836-1575 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Activate gas portion of existing gas/oil burner on NYC boiler No. 12224-01. Install new gas pipe line to burner.

8. I, JORGE GAJER, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

07/21/2016 12:00PM-12:30PM 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
cellar	boiler room & oil tank room & main gas pipe room	ceiling plaster	5	No	
cellar	boiler room & oil tank room & main gas pipe room	other visible surfaces affected by the work	0	No	

I hereby declare the information provided herein is true and complete

JORGE GAJER 7/24/2016 115730 11/4/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 756-6205 Fax # (718) 756-5782

Email airplus 2000@yahoo.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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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical Inc.	11506	7/22/2016

11. NYS DOL Asbestos Handling license # 28684 Company Name Airplus Environmental Services Inc.

I hereby declare the information provided herein is true and complete

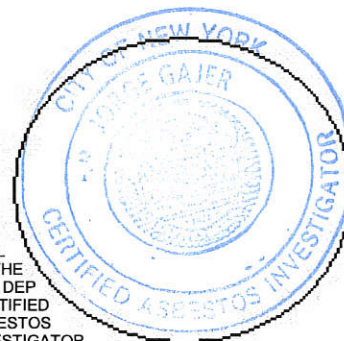
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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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