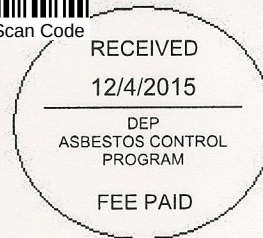


NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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



1. NYC DOB Job # (if applicable) _____ **Control Number: 2217219**

2. Premise No. 415 Street Name East 140th Street Borough Bronx Zip 10454

3. AKA _____ Type of Facility Residence BIN 2000360 Block 02285 Lot 0086

4. Building Owner RFP Bronx, LLC. Address PO Box 4211

5. City Great Neck State NY Zip 11023 Contact Person Ebby

6. Tel. # (646) 522-1578 Fax # _____ Email ebcony@aol.com

7. Description of the Entire Scope of Work

Interior renovation of an existing four story residential building, including the cellar and plumbing work. Conversion of existing one family to two family dwelling.

8. I, REZA KHAMCY, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

11/20/2015 9:45AM-11:45AM 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, Basement, 1st, 2nd, & 3rd	Wall & Ceiling	Plaster	5	No	
Basement, 1st, & 2nd	Floor	Floor Tile	3	No	
1st & 2nd	Ceiling	Ceiling Tile	3	No	

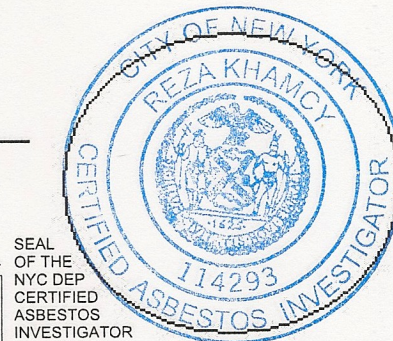
I hereby declare the information provided herein is true and complete

REZA KHAMCY 12/4/2015 114293 5/23/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 860-4219 Fax # (516) 487-5077

Email rkhamcy@gmail.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



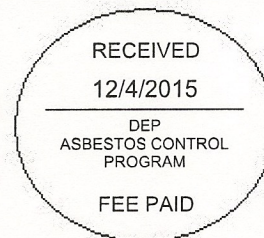
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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
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ASBESTOS ASSESSMENT REPORT



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
KAM Consultants	11273	12/3/2015

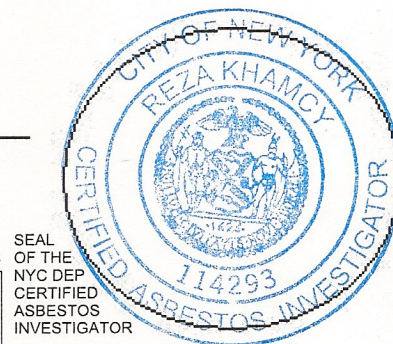
11. NYS DOL Asbestos Handling license # 61173 Company Name ICON Engineering, P.C.

I hereby declare the information provided herein is true and complete

REZA KHAMCY 12/4/2015 114293 5/23/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 860-4219 Fax # (516) 487-5077Email rkhamcy@gmail.com

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

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