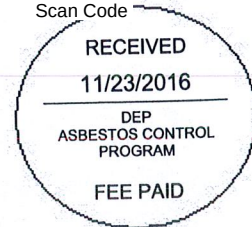




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Control Number: 2274415

1. NYC DOB Job # (if applicable) _____
2. Premise No. 780 Street Name Garden Street Borough Bronx Zip 10460
3. AKA _____ Type of Facility Residence BIN 2013018 Block 03112 Lot 0030
4. Building Owner Garden Property Assoc. LLC Address 1601 Bronxdale Ave, suite 201
5. City Bronx State NY Zip 10462 Contact Person Stya Ramineni
6. Tel. # (718) 518-8000 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Install stainless steel chimney liner.

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

11/22/2016 11:00AM-11:15AM

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: 80 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
As per letter from Guaranteed Home Improvement (the contractor) dated 11/23/16 the flashing on the exterior wall of the chimney stack at the roof, will not be removed or disturbed.
- ☐ 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-1-6th-roof	chimney	brick mortar	3	No	
Roof	chimney stack	flashing	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical Inc.	11506	11/23/2016

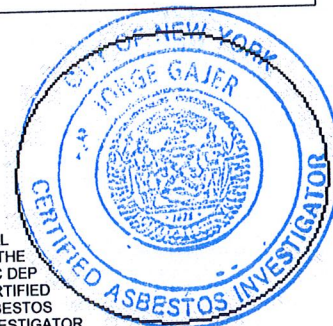
I hereby declare the information provided herein is true and complete

JORGE GAJER 11/23/2016 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.



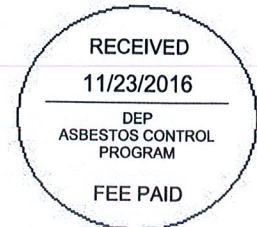
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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



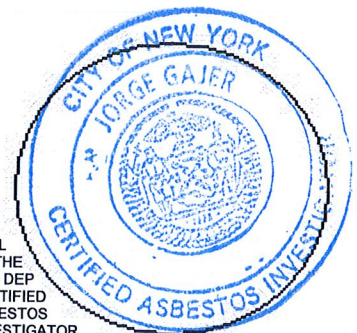
11. NYS DOL Asbestos Handling license # 28684 Company Name Airplus Environmental Services Inc.

I hereby declare the information provided herein is true and complete

JORGE GAJER 11/23/2016 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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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