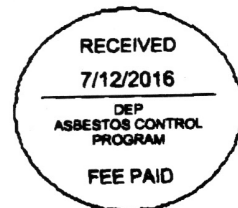




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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



Control Number: 2251639

1. NYC DOB Job # (if applicable) _____
2. Premise No. 481 Street Name Wales Ave. Borough Bronx Zip 10455
3. AKA _____ Type of Facility Residence BIN 2003901 Block 02577 Lot 0048
4. Building Owner MANJINDER SINGH Address 128-24 140th St.
5. City JAMAICA State NY Zip 11436 Contact Person MANJINDER SINGH
6. Tel. # (718) 737-9500 Fax # (718) 532-0487 Email shahgroup08@gmail.com
7. Description of the Entire Scope of Work
REPLACING PARAPET WALL BRICKS.

8. I, WILLIAM ROSS, have conducted an asbestos investigation on _____ in accordance
Name of Certified Asbestos Investigator
07/06/2016 3:00PM-4:30PM 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
ROOF	PARAPET	PLASTER	9	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ATC GROUP SERVICES LLC	10879	7/11/2016

11. NYS DOL Asbestos Handling license # 29519 Company Name W. D. ROSS, R.A., P.C.

I hereby declare the information provided herein is true and complete

William Ross 7/12/2016 117399 3/12/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 235-3976 Fax # (718) 277-3715

Email wross44@aol.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

