



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: 2337347**

2. Premise No. 1630 Street Name East 174th Street Borough Bronx Zip 10472
Bronx River Houses

3. AKA BLDG 12 Type of Facility Residence BIN 2027550 Block 03868 Lot 0033

4. Building Owner New York City Housing Authority (NYCHA) Address 90 Church Street

5. City New York State NY Zip 10018 Contact Person Richard Morrison

6. Tel. # (212) 967-4590 Fax # _____ Email Richard.morrison@nycha.nyc.gov

7. Description of the Entire Scope of Work

Facade repair work. Crack repair/brick work. Re-pointing. Lintel repair work.
Spalling/Cracking/deteriorated Concrete at slab. Gravel Stop repair. Deteriorated window sill repair.

The first survey was performed on 12/23/2014 by inspector A. Danphat under the direct supervision of A. Mancuilovitch Lic.128339.

Note: Any material that has not been tested here is Assumed as ACM until tested & deemed negative.

8. I, CHINOMSO ORIALA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

08/23/2017 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
1st	Brick Facade	Mortar (Beige)	3	No	No
1st	Exterior Facade, Window Component	Caulk (Gray)	3	No	No

I hereby declare the information provided herein is true and complete

CHINOMSO ORIALA 8/23/2017 146198 7/19/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 675-5544 Fax # (212) 675-4698

Email jasnor.2003@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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1st	Exterior Facade, Lintel	Mortar (Beige)	3	No	No
Roof	Main Roof Perimeter, Gravel Stop	Tar Flashing (Black)	2	No	No
Roof	Main Roof, Pitch Pocket	Tar Flashing (Black)	2	No	No
1st Thru Roof	Exterior Facade, Behind Waterproofing Membrane & On Metal Lintel, Behind Face Brick	Tar Flashing (Black)	0	Yes	Yes
1st Thru Roof	Exterior Facade, Behind Face Brick & On Metal Lintel	Waterproofing Membrane (Black)	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	12/27/2014

11. NYS DOL Asbestos Handling license # 54123 Company Name The ALC Group LLC dba ALC Environmental

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