



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: 2342398**

2. Premise No. 129 Street Name Alexander Avenue Borough Bronx Zip 10454

3. AKA _____ Type of Facility Other BIN 2000687 Block 02309 Lot 0029

4. Building Owner OM General Contractors Address 221-51 92nd Rd

5. City Queens Village State NY Zip 11428 Contact Person Dharminder Singh

6. Tel. # (718) 666-1961 Fax # _____ Email _____

7. Description of the Entire Scope of Work
WINDOW SILLS AND BRICK REPLACEMENT AS PER PLAN.

8. I, LON RIGG, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

09/22/2017 8:30AM-9:00AM 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:

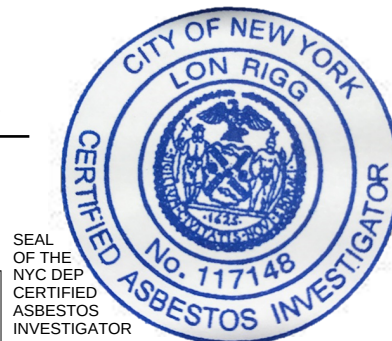
FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
2	Facade	Caulking	2	No	No
2	Facade	Mortar	2	No	No

I hereby declare the information provided herein is true and complete

LON RIGG 9/25/2017 117148 11/28/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 771-7689 Fax # (914) 663-5149

Email lrigg60@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





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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	9/23/2017
Metro Analytical Laboratories	12003	9/24/2017

11. NYS DOL Asbestos Handling license # 56080 Company Name Avi Jay, Inc.

I hereby declare the information provided herein is true and complete

LON RIGG 9/25/2017 117148 11/28/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
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