



NYC DEPARTMENT C

Asbe

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 2345651**

2. Premise No. 3599 Street Name East Tremont Ave Borough Bronx Zip 10465

3. AKA _____ Type of Facility Commercial BIN 2076682 Block 05427 Lot 0050

4. Building Owner Danae Marrero Address 3599 East Tremont Avenue

5. City Bronx State NY Zip 10465 Contact Person Danae Marrero

6. Tel. # (917) 567-4884 Fax # _____ Email HKKitchen.nyc@gmail.com

7. Description of the Entire Scope of Work

Interior renovation of existing eating and drinking establishment on the first floor of existing commercial building.

Note: Investigation is limited to the interior of corner tenant only.

8. I, LINDA PEREZ, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator

10/11/2017 9:00AM-9:30AM 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 floor	Corner tenant - wall at entry doorway fronting East Tremont Ave	Drywall, paint, spackle	1	No	No
1st floor	Corner tenant - wall at left hand side perimeter facing East Tremont Ave	Drywall, paint	1	No	No

I hereby declare the information provided herein is true and complete

LINDA PEREZ 10/16/2017 112813 12/22/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 409-4445 Fax # (718) 409-9024

Email tristatebuilding@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.

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR



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



25362943



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
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1st floor	Corner tenant - wall at right hand side of perimeter wall when facing East Tremont.	brick and mortar	1	No	No
1st floor	Corner tenant - perimeter wall at left hand side of entry door facing E. Tremont.	brick and mortar	1	No	No
1st floor	Corner tenant - perimeter wall at right near the rear exist parallel with Sullivan St.	Brick and mortar	1	No	No
1st floor	Corner tenant - wall at rear of restaurant where proposed bathroom expansion is located.	Drywall, paint.	1	No	No
1st floor	Corner tenant - wall at right hand side of entry door facing East Tremont.	brick and mortar	1	No	No
1st floor	Corner tenant - floor	exposed structural concrete floor	0	No	No
1st floor	Corner tenant - ceiling	All exposed wood joists and steel ducts and conduits.	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ALAC	11605	10/13/2017

11. NYS DOL Asbestos Handling license # 42941 Company Name Tri-State Building Solutions Inc.

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