



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: 2436351**
 2. Premise No. 2419 Street Name Southern Blvd Borough Bronx Zip 10458
 3. AKA _____ Type of Facility Residence BIN 2092358 Block 03115 Lot 0054
 4. Building Owner Jorge Serje Address 2419 Southern Blvd
 5. City Bronx State NY Zip 11215 Contact Person Oscar M Fuertes, R.A
 6. Tel. # (646) 244-1032 Fax # _____ Email arquiline2004@gmail.com

7. Description of the Entire Scope of Work

Interior renovation of the 1st and 2nd floor apartments of the existing 2 story house. Relocate existing kitchen and add new bathroom on the 1st floor and replace plumbing fixtures on the 2nd floor.

8. I, JOHN ZURITA

Name of Certified Asbestos Investigator

06/30/2018 10:00AM-12:45PM

Date(s)

in accordance

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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Building Floors	1 to 1	Kitchen floor	Top & bottom vinyl tiles	4	No	
Building Floors	2 to 2	Closet floor	Vinyl tiles	2	No	
Building Floors	2 to 2	Floor	Vinyl tiles (top and bottom layer)	4	No	
Building Floors	1 to 2	Walls & Ceiling	Sheetrock	9	No	
Building Floors	1 to 1	Windows	Caulking	2	No	

I hereby declare the information provided herein is true and complete

JOHN ZURITA

7/3/2018

118107

6/13/2020

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel # (917) 292-7263

Fax # _____

Email jzurita@verizon.net

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, 40 CFR 763.80, 40 CFR 763.85.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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Building Floors	1 to 2	Facade - behind aluminum siding	Asphalt shingles	2	No	
Building Floors	2 to 2	Bathroom walls	Ceramic tiles	2	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
LTS	12005	7/2/2018

11. NYS DOL Asbestos Handling license # 90893 Company Name John Zurita

I hereby declare the information provided herein is true and complete

John Zurita 7/3/2018 118107 6/13/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 292-7263 Fax # _____
Email jzurita@verizon.net

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