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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: 2481262

2. Premise No. 103 Street Name Hawstone Street Borough Bronx Zip 10452

3. AKA _____ Type of Facility Residence BIN 2008015 Block 02837 Lot 0001

4. Building Owner 103 Hawstone Corp Address 2252 Newbold Avenue

5. City Bronx State NY Zip 10462 Contact Person Marino Rosario

6. Tel. # (718) 863-9709 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Install chimney liner.

8. I, JORGE GAJER, have conducted an asbestos investigation on _____ in accordance
Name of Certified Asbestos Investigator
09/20/2018 1:00PM-1:30PM 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: 160 sq. ft. _____ linear ft.
Specify locations (attach additional documents as necessary):
As per letter from Ariston Chimney Industrial (the contractor) dated 10/3/18 the flashing on the exterior wall of the chimney stack will not be removed or disturbed.
- ☐ 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	ASL PRL	ASSUMED ACM
Cellar		boiler room	chimney sealant with breeching	1	Yes	
Building Floors	1 to 5	chimney including cellar and roof	brick mortar	3	No	
Roof		chimney stack	flashing on exterior wall	0	Yes	Yes

I hereby declare the information provided herein is true and complete

JORGE GAJER 10/5/2018 115730 11/4/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 756-6205 Fax # (718) 756-5782

Email airplus_2000@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, 40 CFR 763.80, 40 CFR 763.85.



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
EMSL Analytical Inc.	11506	9/21/2018
EMSL Analytical Inc.	11506	9/22/2018

11. NYS DOL Asbestos Handling license # 28684 Company Name Airplus Environmental Services Inc.

I hereby declare the information provided herein is true and complete

JORGE GAJER 10/5/2018 115730 11/4/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 756-6205 Fax # (718) 756-5782

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