



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: 2555822**

2. Premise No. 1457 Street Name Westchester Avenue Borough Bronx Zip 10472

3. AKA _____ Type of Facility Commercial BIN 2025026 Block 03770 Lot 0080

4. Building Owner Usman Bhutta Address 6510 7 Avenue

5. City Brooklyn State NY Zip 11220 Contact Person MCRB

6. Tel. # (347) 324-4844 Fax # _____ Email _____

7. Work Type PL Plumbing, General Construction

Description of the Entire Scope of Work

PROPOSED WORK FOR REMOVE OF ALL CEILING TILES. REMOVAL OF PARTITION WALL AND RE INSTALLATION OF PARTITION WALL AS PER PLAN. REMOVE AND REINSTALL PLUMBING POINT AS PER PLAN.

8. I, ROBERT COLQUHOUN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/10/2019 8:00AM-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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present

☐ 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: 8000 sq. ft 0 linear ft.

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-1 to 2	Ceiling	Drop Ceiling Tiles	6	No	No				

I hereby declare the information provided herein is true and complete

ROBERT COLQUHOUN 3/20/2019 131788 2/20/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 220-5152 Fax # _____

Email rcolquhoun2000@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.

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



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Building Floors-1 to 2	Rear wall, partition wall, bathroom wall	Sheetrock	7	No	No				
Building Floors-1 to 2	Flooring	Vinyl Tiles	0	No	Yes	8000		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas environmental lab	198.6	3/12/2019

11. NYS DOL Asbestos Handling license # 72943 Company Name Robert**12. Comment**

This ACP5 is issued strictly and limited to the work areas as per job description above, if any changes amending plans, adding or extending work area, any insulated pipe or unreachable material behind walls or any ACM suspect, contact person person or owner must call immediately the investigator for re-inspection.

I hereby declare the information provided herein is true and complete

ROBERT COLOUGHOUN 3/20/2019 131788 2/20/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 220-5152 Fax # _____Email rcolquhoun2000@gmail.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

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