



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: 2584828**
2. Premise No. 2930 Street Name Throop Ave Borough Bronx Zip 10469
3. AKA _____ Type of Facility Residence BIN 2055298 Block 04563 Lot 0024
4. Building Owner Violet Salmon Address 2930 throop Ave
5. City Bronx State NY Zip 10469 Contact Person Violet
6. Tel. # (929) 332-1078 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

Replace all underground piping and reconnect all existing fixtures. relocate sink add new wasteline for washing machine add electric HWH remove existing oil burner /boiler and oil tank all existing fixtures as per alt 847/58 and cof o 26828(05/28/1959) No change in use or means of egress

8. I, JONATHAN BILLUPS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
- 05/08/2019 7:00AM - 7:30AM 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. 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: 40 sq. ft 0 linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

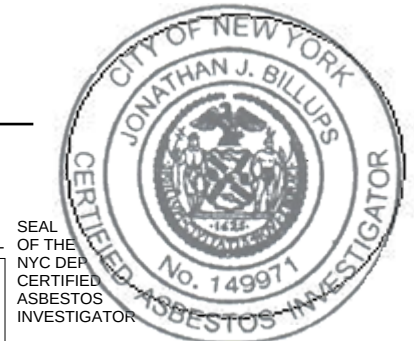
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Cellar	Cellar	Mortar	2	No	No				

I hereby declare the information provided herein is true and complete

JONATHAN BILLUPS 5/14/2019 149971 2/10/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 258-2189 Fax # _____

Email masterinspections01@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	1st floor bath	Drywall	2	No	No				
Cellar	Cellar	Water proofing	0	Yes	Yes	40		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	5/8/2019

11. NYS DOL Asbestos Handling license # 113405 Company Name JJB Consultants Inc.

12. Comment

I hereby declare the information provided herein is true and complete

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