



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Control Number: 2909697

1. NYC DOB Job # (if applicable) _____
2. Premise No. 1270 Street Name Ryawa Avenue Borough Bronx Zip 10474
3. AKA _____ Type of Facility Other BIN 2118156 Block 02780 Lot 0002
4. Building Owner NYC Dept of Environmental Protection (NYCDEP) Address 1270 Ryawa Avenue
5. City Bronx State NY Zip 10474 Contact Person Charlene Mayers
6. Tel. # (914) 879-6629 Fax # _____ Email CMayers@wdfinc.net
7. Work Type Other (Limited demolition)

Description of the Entire Scope of Work

Demolition of concrete slab, a portion of the brick wall and exterior windows and doors.

8. I, SHEILA BUBKA, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
- 11/16/2021 8:00AM-11:30AM 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: _____ sq. ft _____ linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

I hereby declare the information provided herein is true and complete

SHEILA BUBKA 11/30/2021 116320 1/27/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (631) 414-7198 Fax # _____

Email sheila@soundny.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



25952719



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



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
Outside Space	Outside walkways, exterior windows and doors.	Caulking, grout	26	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL	11469	11/18/2021

11. NYS DOL Asbestos Handling license # 55612 Company Name Sound Environmental Associates, LLC

12. Comment

The scope of the project is to demo concrete walkways and to replace exterior doors and windows on the North Aeration Bldg. Also approximately 4 feet of brick facade will be impacted.

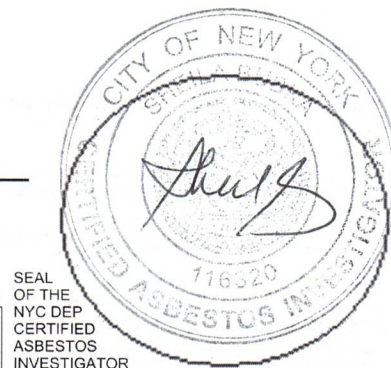
I hereby declare the information provided herein is true and complete

SHEILA BUBKA 11/30/2021 116320 1/27/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (631) 414-7198 Fax # _____

Email sheila@soundny.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



25952719