



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: 2706429**

2. Premise No. 164 Street Name EAST 188 STREET Borough Bronx Zip 10468

3. AKA _____ Type of Facility Commercial BIN 2013798 Block 03165 Lot 0034

4. Building Owner BERMAN ASSOCIATES NEW YORK LLC Address 2562 BRIGGS AVE

5. City BRONX State NY Zip 10458 Contact Person ABE SOLOFF

6. Tel. # (718) 367-6004 Fax # _____ Email _____

7. Work Type General Construction

Description of the Entire Scope of Work

REPLACEMENT OF EXISTING STOREFRONT WINDOW AND DOOR WORK. NO CHANGES IN USE, EGRESS, OR OCCUPANCY.

8. I, UNG-JIB PARK, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

06/23/2020 1:30PM-2:30PM 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).

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-001 to 001	Storefront window and door	Metal, glass, concrete	0	No					

I hereby declare the information provided herein is true and complete

UNG-JIB PARK 6/29/2020 117253 9/24/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 402-7999 Fax # _____

Email ungjib@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



Note: There is possibility of existing ACM inside the walls, above ceiling and other inaccessible areas, if any suspicious materials are found, the job should be stopped for re-inspection by asbestos investigator.



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 55617 Company Name Ung-Jib Park

12. Comment

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UNG-JIB PARK Ung-Jib Park 6/29/2020 117253 9/24/2020
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6/29/2020 4:19:01 PM

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