



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: 2780700**

2. Premise No. 455 Street Name Claremont Pkwy Borough Bronx Zip 10457

3. AKA _____ Type of Facility Residence BIN 2000000 Block 02904 Lot 0001

4. Building Owner Onkar Enterprises Address 3050 Heath Ave

5. City Bronx State NY Zip 10463 Contact Person Sher Singh

6. Tel. # (718) 548-0845 Fax # _____ Email _____

7. Work Type General Construction

Description of the Entire Scope of Work

Brick replacement as per plan. No change in use egress or occupancy under this application.

8. I, JONATHAN BILLUPS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

10/18/2020 12:00PM-12:30PM 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-2 to 2	facade	caulking	2	No	No				

I hereby declare the information provided herein is true and complete

JONATHAN BILLUPS 10/26/2020 149971 2/10/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 961-4907 Fax # _____

Email jonathan.billups29@gmail.com

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NYC
CEF
ASE
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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



25819712



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Allab Inc	12118	10/23/2020

11. NYS DOL Asbestos Handling license # 163107 Company Name LM Environmental & Safety Inc.

12. Comment

I hereby declare the information provided herein is true and complete

JONATHAN BILLUPS 10/26/2020 149971 2/10/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 961-4907 Fax # _____

Email jonathan.billups29@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.

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ASBESTOS
INVESTIGATOR



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