



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: 3086051**

2. Premise No. 37 Street Name Belmont Avenue Borough Brooklyn Zip 11212

3. AKA _____ Type of Facility Commercial BIN 3081093 Block 03523 Lot 0035

4. Building Owner Russel Fedeale Address 215-44 23rd Drive

5. City Bayside State NY Zip 11360 Contact Person Walter Maffei

6. Tel. # (718) 768-1056 Fax # (718) 768-1750 Email wcmarch@aol.com

7. Description of the Entire Scope of Work

Repair existing building minor interior partitions, roof and floor leveling; new storefront, toilet and ceiling.

Replacement of existing materials with new has already been performed. No further disturbance to existing materials to be performed except at front wall.

8. I, SAJJAD AKBAR, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

08/02/2013 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. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).

☐ 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.

Specify locations (attach additional documents as necessary):

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

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
1st	Front wall	Cementitious (encasement on roll-up gate frame)	3	No	
1st	Entire store-flooring	New concrete	0	No	
1st	Entire store-walls	Bare CMU	0	No	

I hereby declare the information provided herein is true and complete

SAJJAD AKBAR

DEP Certified Asbestos Investigator's Signature

8/6/2013

Date

119921

Certificate Number

8/22/2013

Expiration Date

Tel. # (718) 928-5909 Fax # (718) 247-6024 Email nysolution@aol.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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



2590621



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Roof	Entire store-roofing	new built up roofing on new metal deck	0	No	
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Laboratory Testing Services, Inc.	10955	8/6/2013

11. NYS DOL Asbestos Handling license # 62485 Company Name New York Space Solutions, Inc

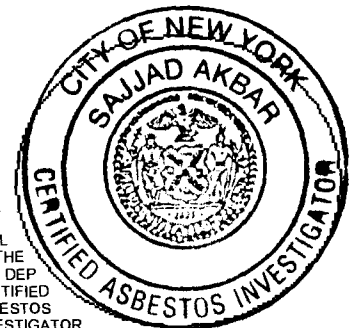
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SAJJAD AKBAR 8/6/2013 119921 8/22/2013
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