



NYC DEPARTMENT

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 3280480

2. Premise No. 1074 Street Name 74 Street Borough Brooklyn Zip 11228

3. AKA _____ Type of Facility Residence BIN 3148527 Block 05935 Lot 0038

4. Building Owner Yimu Huang Address 1074 74 Street

5. City Brooklyn State NY Zip 11228 Contact Person Yimu Huang

6. Tel. # (540) 661-2237 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Interior renovation of existing two family building only with general construction and plumbing work.

8. I, KENG LEE SO, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

12/10/2016 1:00PM-1:30PM

Date(s)

in accordance

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
Basement, 1FL, 2FL	Partition	Sheetrock	3	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	1/9/2017

I hereby declare the information provided herein is true and complete

KENG LEE SO

1/9/2017

122303

10/2/2017

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (917) 968-5925 Fax # _____

Email ks_asbestosafe@yahoo.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

Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

25285101



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
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11. NYS DOL Asbestos Handling license # 59538 Company Name KS Asbestosafe, Inc.

I hereby declare the information provided herein is true and complete

KENG LEE SO 1/9/2017 122303 10/2/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 968-5925 Fax # _____
Email ks_asbestosafe@yahoo.com



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