



NYC DEP,

DEPT. BLDGS

321922504

Job Number



SC181108023

Scan Code

ION

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

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3637204**
2. Premise No. 630 Street Name Caton Avenue Borough Brooklyn Zip 11218
3. AKA One Stop Market Type of Facility Commercial BIN 3124350 Block 05329 Lot 0104
4. Building Owner 630 Caton Ave Associates LLC Address 97-77 Queens Boulevard
5. City Rego Park State NY Zip 11374 Contact Person Anthony Musto
6. Tel. # (718) 937-8100 Fax # _____ Email tony@ctnyc.com
7. Work Type General Construction

Description of the Entire Scope of Work

Minor renovation of existing store (One Stop Market). No change to use, egress or occupancy

8. I, HERBERT THOMPSON, have conducted an asbestos investigation on
10/10/2019 6:30PM-7:30PM in accordance

Name of Certified Asbestos Investigator

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:

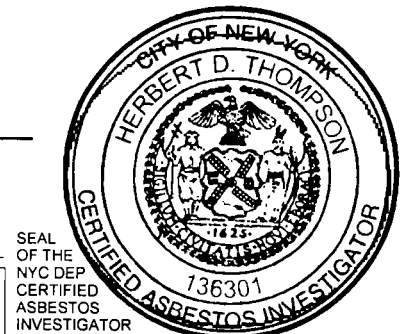
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-0 to 1	Cellar, Ground floor and roof project areas	Kitchen area wall sheetrock	2	No	No				

I hereby declare the information provided herein is true and complete

HERBERT THOMPSON 10/13/2019 136301 1/20/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 790-6341 Fax # _____Email herbert.thompson@atcassociates.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

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



Building Floors-0 to 1	Cellar, Ground floor and roof project areas	Kitchen area floor 12"X12" gray VFT	2	No	No				
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Labs	12003	10/12/2019

11. NYS DOL Asbestos Handling license # 29902 Company Name ATC Group Services, LLC

12. Comment

Roof metal parts on existing exhaust

I hereby declare the information provided herein is true and complete

HERBERT THOMPSON 10/13/2019 136301 1/20/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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



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Page 2 of 2 ACP5 10/2018