



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

ASBESTOS ASSESSMENT REPORT



ACP 5 Fee \$ _____

2. Premise No. 166-40 Street Name 16 ROAD Borough QUEENS Zip 11357
3. AKA _____ Type of Facility residential Bin 4128726 Block 5735 Lot 20
4. Building Owner GUEN YI CHEUNG Address 166-40, 16 ROAD
5. City QUEENS State NY Zip 11357 Contact Person GUEN YI CHEUNG
6. Tel. # 646-932-5565 Fax # _____ Email _____
7. Description of the Entire Scope of Work
SIDE WALK (NEW CONCRETE PAVING)
NO CHANGE IN USE, EGRESS, OR OCCUPANCY

8. I, KANGSOO JUN, have conducted an asbestos investigation on 3/4/10 in accordance with Sections 1-16 and 1-28 of the
Name of Certified Asbestos Investigator Date

NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☒ a. premise (or portions thereof) 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 in the area 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): _____

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR (including cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT		ASSUMED ACM
				YES	NO	
OSP	SIDE WALK	N/A	0	☐	☒	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

10. Analytical Laboratory N/A

11. ELAP # N/A Date(s) Samples Analyzed _____
NYS DOH CERTIFICATION

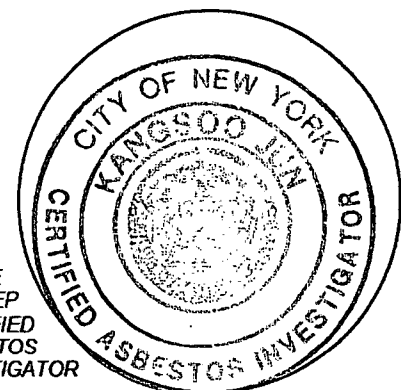
12. I hereby declare the information provided herein is true and complete.

[Signature] 3/5/10 109452 12/25/2010
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # 646-312-9256 Fax # _____ email: _____

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 Part 763.86.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



ACP5
10/09