



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375

ASBESTOS ASSESSMENT REPORT



2. Premise No. 110-34 Street Name Corona Avenue Borough Queens Zip 11368
3. AKA _____ Type of Facility commercial Bin 4048418 Block 1968 Lot 17
4. Building Owner Corona Gardens, LLC Address 110-34 Corona Avenue
5. City Queens State NY Zip 11368 Contact Person _____
6. Tel # (718) 308-5522 Fax # _____ Email _____

7. Description of the Entire Scope of Work

DEMOLISH EXISTING ONE STORY BRICK & CINDERBLOCK BUILDING

8. I, Carl Lashley, have conducted an asbestos investigation on 2/22/10 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	
1st	Entire	none		☐	☐	
Roof	Entire	none		☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
	Note: Limited visual inspection	only		☐	☐	
				☐	☐	

10. Analytical Laboratory na

11. ELAP # _____ Date(s) Samples Analyzed _____
NYC DOH CERTIFICATION

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

[Signature] 2/23/10 112775 1/27/11
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 812-4862 Fax # (718) 712-9548 email: clash24215@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 Part 763.86.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

