



NYC DEPARTMENT OF ENVIRONMENTAL PROT
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 1137:

ASBESTOS ASSESSMENT REPO



2. Premise No. 249-68 Street Name 57th Avenue Borough Queens Zip 11362
3. AKA _____ Type of Facility _____ Bin 4172809 Block 8337 Lot 47
4. Building Owner Shuirong Yin Address 134-15 57th Road
5. City Flushing State NY Zip 11355 Contact Person Shuirong Yin
6. Tel. # 718-2006885 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Entire demolition of one family frame building

8. I, Kosta Kamberis, have conducted an asbestos investigation on 4/26/10 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	
b,1,attic	entire	wall/ceiling plaster	5	☐	☒	
roof	entire	roof shingles	1	☐	☒	
				☐	☐	
	Siding was abated prior to the report.			☐	☐	
	Abatement contractor			☐	☐	
	ALR Environmental Corp			☐	☐	
				☐	☐	

10. Analytical Laboratory Alpha Labs, LLC

11. ELAP # 11833 Date(s) Samples Analyzed 5/3/10
NYS DOH CERTIFICATION

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

Kosta Kamberis 5/4/10 117761 5/21/12
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # 917-865-0399 Fax # 516-354-1999 email: kamberis@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



ACP5
10/09