



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

ASBESTOS ASSESSMENT REPORT



2. Premise No. 9 - 10 Street Name 33rd Road, LIC Borough Queens Zip 11106
3. AKA _____ Type of Facility Residence Bin 4003794 Block 320 Lot 25
4. Building Owner Peter Coma Address 9-10, 33rd Road, LIC
5. City Queens State NY Zip 11106 Contact Person Peter Coma
6. Tel. # 917.440.5717 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Demolition of existing Metal Garage.

8. I, Clement Jolaoso, have conducted an asbestos investigation on 5/15/10 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 Floor	Entire Metal Garage	Asphalt roofing roll	1	☐	☒	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

10. Analytical Laboratory KAM Consultants

11. ELAP # 11273 Date(s) Samples Analyzed 5/20/10
NYS DOH CERTIFICATION

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

[Signature] 5/21/10 116518 12/09/11
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # 646.342.7492 Fax # 718.264/1912 email: cjolaoso@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

