



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

ASBESTOS ASSESSMENT REPORT



2. Premise No. 11041 Street Name Union Hall Street Borough Queens Zip 11433
3. AKA _____ Type of Facility CO-WALK-UP APARTMENT Bin 4435254 Block 12165 Lot 10
4. Building Owner Fannie Glover Address 110-41 Union Hall Street
5. City Jamaica State NY Zip 11433 Contact Person Eric Cloud
6. Tel. # (917) 517 5899 Fax # N/A Email N/A
7. Description of the Entire Scope of Work
Interior renovation on the 1st Floor and basement.

8. I, George Remini, have conducted an asbestos investigation on 5/21/10 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	Interior Partition	Sheetrock	1	☐	☒	
1st Floor	Interior Wall	Plaster	1	☐	☒	
Basement	Pipe Insulation	Not Observed	0	☐	☒	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

10. Analytical Laboratory EMSL Laboratory

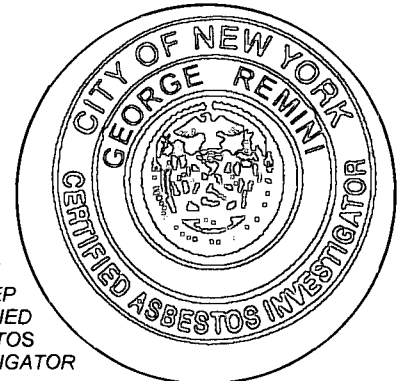
11. ELAP # 11506 Date(s) Samples Analyzed 5/21/2010
NYS DOH CERTIFICATION

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

George Remini 5/22/2010 114502 6/7/2011
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # 732 382-2245 Fax # N/A email: N/A

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