



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



1. NYC DOB Job # (if applicable) _____
2. Premise No. 39-16 Street Name 58th Street Borough Queens Zip 11377
3. AKA _____ Type of Facility _____ BIN 4440547 Block 01228 Lot 0061
Great Metropolitan Realty
4. Building Owner Assoc. Address 57-08 39th Avenue
5. City New York State NY Zip 11377 Contact Person Raymond Chan, R.A.
6. Tel. # (718) 445-2345 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Interior renovation at cellar thru second floors of existing residential building; work involves new interior access stair from cellar to first floor, partitions, doors, plumbing fixtures/appliances and mechanical ventilation. (Note: investigation pertains to materials visible and accessible; should renovation expose new suspect material, a subsequent inspection may be in order; no existing pipe insulation to be disturbed).

8. I, DAVID LEE, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

01/21/2011

Date

in accordance

with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☒ a. portion(s) of the premises 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 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): _____

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
cellar through 2nd	central portion	plaster	3	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical Inc.	11469	1/27/2011

I hereby declare the information provided herein is true and complete

DAVID LEE

DEP Certified Asbestos Investigator's Signature

2/7/2011

Date

119666

Certificate Number

10/17/2012

Expiration Date

Tel. # (718) 631-8275

Fax # _____

Email d.lee@architect@verizon.net



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 763.86.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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