



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. 32-02 Street Name 30th Avenue Borough Queens Zip 11102
3. AKA _____ Type of Facility Commercial BIN 4008590 Block 00616 Lot 0133
4. Building Owner WFR LLC Address 19 Circle Road
5. City Douglaston State NY Zip 11363 Contact Person Ralph Wuest
6. Tel. # (718) 631-2940 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Installation of exterior signage/awning to storefront as per Drawing. Note: Areas and spaces hidden behind the surfaces are assumed to contain ACM.
8. I, DORIS KAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/10/2011 in accordance
Date
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
1st Floor	Storefront, exterior	Stucco materials	3	No	
1st Floor	Storefront, exterior	Mortars	3	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
American Testing Laboratories, Inc.	11091	5/12/2011

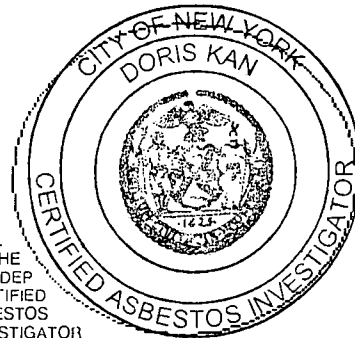
I hereby declare the information provided herein is true and complete

DORIS KAN 8/29/2011 115625 8/31/2013
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (718) 796-4761 Fax # _____ Email kansulting@gmail.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 763.86.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



2205234

Page 1 of 1 400500/2011