



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) _____ **Control Number: 4017897**

2. Premise No. 133-25 Street Name 143 STREET Borough Queens Zip 11436

3. AKA _____ Type of Facility Residence BIN 4262566 Block 12089 Lot 0149

ACQUISITION PROPERTIES OF NY

4. Building Owner LLC Address 133-25 143 STREET

5. City QUEENS State NY Zip 11436 Contact Person SHARON HEERALALL

6. Tel. # (443) 876-3866 Fax # _____ Email _____

7. Description of the Entire Scope of Work

INTERIOR RENOVATION, HORIZONTAL AND VERTICAL EXTENSION



8. I, MARTIN AMBROSE, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

02/17/2012, 04/02/2012 in accordance

Date(s)

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: 200 sq. ft. _____ linear ft.

Specify locations (attach additional documents as necessary):

FIRST FLOOR LIVING ROOM

☐ 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, ATTIC, 1	ENTIRE	SHEETROCK, FLOOR TILE, CEILING TILE, SHINGLES	15	Yes	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL ANALYTICAL INC	11506	3/29/2012

I hereby declare the information provided herein is true and complete

Martin Ambrose
MARTIN AMBROSE
DEP Certified Asbestos Investigator's Signature

4/3/2012
Date

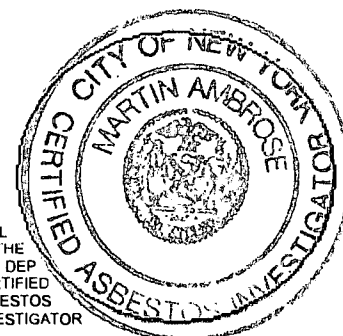
116635
Certificate Number

12/3/2013
Expiration Date

Tel. # (718) 342-7686 Fax # (718) 342-7685 Email velmartin@juno.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



2519013



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11. NYS DOL Asbestos Handling license # 29947 Company Name Velmartin Associates Inc.

I hereby declare the information provided herein is true and complete

<u>Martin Ambrose</u> MARTIN AMBROSE	<u>4/3/2012</u>	<u>116635</u>	<u>12/3/2013</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

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Applicant's Name: MARTIN AMBROSE

Date: 4/3/2012

Facility Address: 133-25 143 STREET, Queens, NY 11436

This is to inform you that the Department has received the following document for the above premises.

Asbestos Assessment Report (ACP5)

Fee Paid: \$47 Credit/Debit Card
Mode of payment

Control Number: 4017897