



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



1. NYC DOB Job # (if applicable) _____ **Control Number: 4024119**
2. Premise No. 67-01 Street Name Bell Blvd Borough Queens Zip 11364
3. AKA _____ Type of Facility Residence BIN 4459879 Block 07628 Lot 0002
4. Building Owner Bo Sun Address 67-01 Bell Blvd
5. City Queens State NY Zip 11364 Contact Person Bo Sun
6. Tel. # (646) 270-5899 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Interior Renovation for existing 1-family dwelling. Install minor partition. Removal of minor partition. Including replacement of existing plumbing fixture on existing roughing. No change in use, egress or occupancy.

8. I, YEON LEE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

04/30/2012 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: _____ 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 & 2nd	kitchen, living room, bedroom	n/a	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 58567 Company Name Lee Engineering, P.C.

I hereby declare the information provided herein is true and complete

YEON LEE 5/15/2012 116883 2/28/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 429-0181 Fax # (718) 429-0214 Email info@leecru.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.

~~There is always a possibility of existing~~
ACM in walls, ceilings, under floor or siding & roof. If any suspected material found, it is solely contractor's responsibility to stop all works and report for reinspection and follow instruction.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

