



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: 4026019**

2. Premise No. 25-93 Street Name 169th Street Borough Queens Zip 11358

3. AKA _____ Type of Facility Commercial BIN 4129574 Block 05773 Lot 0001

4. Building Owner Eufemia Ciminna Address 25-93, 169th Stree

5. City Bayside, Queens State NY Zip 11365 Contact Person Frank

6. Tel. # (718) 352-4832 Fax # _____ Email _____



7. Description of the Entire Scope of Work
Minor interior alteration of existing Store - new partitions for new bathroom and renovation of existing Storefront. Existing door opening to remain.

8. I, CLEMENT JOLAOSO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

05/24/2012 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: 300 sq. ft _____ linear ft.

Specify locations (attach additional documents as necessary):

VCT Flooring to remain

☐ 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	Part. Floor - front portion	Alum. & Glass, wood particle board, CT, VCT Flooring to remain	0	No	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
------	--------------------------------	--------------------------

11. NYS DOL Asbestos Handling license # 28667 Company Name Oliet International Ltd.

I hereby declare the information provided herein is true and complete

CLEMENT JOLAOSO 5/29/2012 116518 12/9/2013
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (646) 342-7492 Fax # _____ Email CJOLAOSO@AOL.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



2527597