



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: 4248224**

2. Premise No. 25402 Street Name Rockaway Blvd Borough Queens Zip 11422

3. AKA IHOP Type of Facility Commercial BIN 4292125 Block 13921 Lot 0001

4. Building Owner Bernardo Dejesus Address 5 Cherry Grove Ct

5. City Valley Stream State NY Zip 11581 Contact Person Mr. Bernardo Dejesus

6. Tel. # (516) 322-7315 Fax # _____ Email ihopb@aol.com

7. Description of the Entire Scope of Work

Two additions to existing building, one on the northeast side and the other on the other on the northwest side along with associated interior work. Affected areas were previously abated.

8. I, PAUL OTTENS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

06/15/2016 10:00AM-2:00PM 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
Ground/1st floor	NW Area of building	None	0	No	No
Ground/1st floor	Northeast area of building	None	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

PAUL OTTENS 6/20/2016 117796 4/30/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 785-0266 Fax # (212) 785-0234

Email Paul@art-corp.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.



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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11. NYS DOL Asbestos Handling license # 28896 Company Name Assessment Resources & Technologies, Inc.

I hereby declare the information provided herein is true and complete

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