



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: 4232390**

2. Premise No. 217-22 Street Name 5 Avenue Borough Queens Zip 11697

3. AKA _____ Type of Facility Residence BIN 4466890 Block 16350 Lot 0400

4. Building Owner DIANA SULLIVAN Address 217-22 5 AVENUE

5. City Breezy Point, NY State NY Zip 11697 Contact Person DIANA SULLIVAN

6. Tel. # (718) 474-6754 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Elevation of the house

8. I, YURIY KLIMENKO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
03/08/2016 9:00AM-12:00PM 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

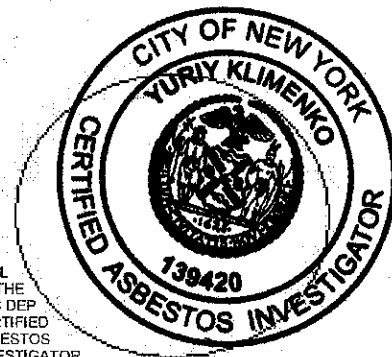
- ☒ a. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).
- ☐ b. premise (or portions thereof) affected by the work contains 10 square feet or less or 25 linear feet or less of ACM.
 Specify locations in section 9: Note: This material must be abated as a minor 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: 7690 sq. ft. _____ linear ft.
 Specify locations (attach additional documents as necessary):
 Kitchen, sunroof, foyer - ceramic floor tile grout & adhesive
 Living room, dining room, family room, 2nd floor hallway, bedroom #1 & #2 - hardwood floor felt paper & glue
 Bath #1 - wall & floor ceramic tile grout & adhesive
 Bedroom 3 - carpet glue
 Laundry room - floor ceramic tile grout & adhesive
 Bath #2 & #3 - floor, wall, ceiling ceramic & mosaic tile grout & adhesive
 Staircase landing between 1st fl & basement - floor ceramic tile grout & adhesive
 Exterior - chimney brick mortar, tar around chimney on roof
 Exterior - tar paper under
- ☐ d. entire building is free of asbestos containing material (ACM).

I hereby declare the information provided herein is true and complete

YURIY KLIMENKO Y. Klimenko 3/17/2016 139420 6/1/2017
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 882-3420 Fax # _____

Email yuriyklimenko@yahoo.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.

Is it a Build-It-Back project? ☒ Yes, App ID # App-009678 ☐ No

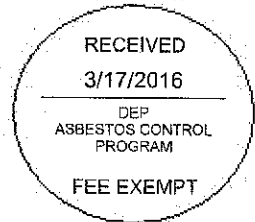




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



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	Throughout	Drywall & joint compound	5	No	No
Basement	Basement	Cinderblock mortar, concrete mortar	4	No	No
1st - 2nd	Exterior siding	Tar paper under siding	2	No	No
Ground floor	Exterior	Decorative stone mortar, cement on foundation	4	No	No
Roof	Exterior	Roofing material	2	No	No
1st floor	Kitchen	ceramic floor tile grout & adhesive	0	Yes	Yes
1st floor	Sunroom	ceramic floor tile grout & adhesive	0	Yes	Yes
1st floor	Foyer	ceramic floor tile grout & adhesive	0	Yes	Yes
1st floor	Living room	Hardwood floor felt paper & glue	0	Yes	Yes
1st floor	Dining room	Hardwood floor felt paper & glue	0	Yes	Yes
1st floor	Family room	Hardwood floor felt paper & glue	0	Yes	Yes
2nd floor	Hallway	Hardwood floor felt paper & glue	0	Yes	Yes
2nd floor	Bedroom #2 & #3	Hardwood floor felt paper & glue	0	Yes	Yes
1st floor	Bathroom #1	Wall & floor ceramic tile grout & adhesive	0	Yes	Yes
2nd floor	Bedroom #3	Carpet glue	0	Yes	Yes
2nd floor	Laundry room	Floor ceramic tile grout & adhesive	0	Yes	Yes
2nd floor	Bathroom #2 & #3	Floor, wall, ceiling ceramic & mosaic tile grout & adhesive	0	Yes	Yes
Between 1st fl & bsmt	Staircase landing	Floor ceramic tile grout & adhesive	0	Yes	Yes
1st - 2nd	Siding	Chimney brick mortar	0	Yes	Yes
Roof	Exterior	Tar around chimney on roof	0	Yes	Yes
1st - 2nd	Exterior	Tar paper under siding	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental lab, Corp	11999	3/9/2016

11. NYS DOL Asbestos Handling license # 31038 Company Name TRC Environmental Corporation

I hereby declare the information provided herein is true and complete

YURIY KLIMENKO Y. Klimenko 3/17/2016 139420 6/1/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 882-3420 Fax # _____

Email yuriyklimenko@yahoo.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.

Is it a Build-It-Back project? ☒ Yes, App ID # App-009678 ☐ No

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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: 4232373

2. Premise No. 54 Street Name Graham Pl Borough Queens Zip 11697

3. AKA _____ Type of Facility Residence BIN 4465796 Block 16350 Lot 0400

4. Building Owner JEANINE FITZGERALD Address 54 Graham Place

5. City Breezy Point, NY State NY Zip 11697 Contact Person JEANINE FITZGERALD

6. Tel. # (917) 658-7267 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Elevation of the house

8. I, YURIY KLIMENKO, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator

03/10/2016 9:00AM-12:00PM

Date(s)

in accordance

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: 5515 sq. ft _____ linear ft. _____
Specify locations (attach additional documents as necessary):
1st & 2nd floor - hardwood felt paper & glue
Bath #1 & #2 - floor, wall & ceiling ceramic tile grout & adhesive
Exterior siding - tar paper under siding
Kitchen - wall ceramic tile grout & adhesive

- ☐ 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	Throughout	Drywall & joint compound	5	No	No
Ground floor	Exterior	Mortar on foundation	2	No	No
Roof	Exterior	Roofing material	2	No	No

I hereby declare the information provided herein is true and complete

YURIY KLIMENKO Y. Klimenko 3/17/2016 139420 6/1/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 882-3420 Fax # _____

Email yuriy.klimenko@yahoo.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☒ Yes, App ID # App-021328 ☐ No

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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1st - 2nd	Throughout	Hardwood felt paper & glue	0	Yes	Yes
2nd floor	Bathrooms	Floor, wall & ceiling ceramic tile grout & adhesive	0	Yes	Yes
1st floor	Kitchen	Wall ceramic tile grout & adhesive	0	Yes	Yes
1st - 2nd	Exterior siding	Tar paper under siding	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental lab, Corp	11999	3/11/2016

11. NYS DOL Asbestos Handling license # 31038 Company Name TRC Environmental Corporation

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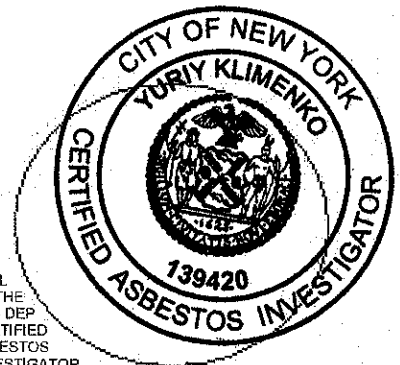
YURIY KLIMENKO Y. Klimenko 3/17/2016 139420 6/1/2017
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SEAL
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ASBESTOS
INVESTIGATOR



Is it a Build-It-Back project? ☒ Yes, App ID # App-021328 ☐ No



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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: 4232359**
2. Premise No. 17 Street Name West 16 Rd Borough Queens Zip 11693
3. AKA _____ Type of Facility Residence BIN 4297149 Block 15320 Lot 0048
4. Building Owner MICHELE SILVERMAN Address 17 WEST 16 ROAD
5. City Queens State NY Zip 11693 Contact Person MICHELE SILVERMAN
6. Tel. # (917) 554-0743 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Elevation of the house

8. I, YURIY KLIMENKO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
03/07/2016 9:00AM-12:00PM 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

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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: 2800 sq. ft. _____ linear ft.
Specify locations (attach additional documents as necessary):
Foyer, laundry room, kitchen - ceramic floor tile grout & adhesive.
Den, living room, 2 floor - hardwood felt paper & glue
Bath #1 & #2 - wall & floor ceramic tile grout & adhesive

☐ 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	Throughout	Drywall & Joint Compound	5	No	No
1st	Den	Wall & floor brick mortar	4	No	No
Ground floor	Exterior by main entrance	Mortar in between stones	2	No	No
1st - 2nd	Exterior by chimney	Mortar on chimney, caulk seam on chimney	4	No	No

I hereby declare the information provided herein is true and complete

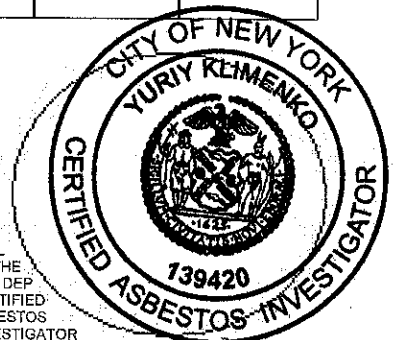
YURIY KLIMENKO Y. Klimenko 3/17/2016 139420 6/1/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 882-3420 Fax # _____

Email yuriyklimenko@yahoo.com

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SEAL OF THE
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ASBESTOS
INVESTIGATOR



Is it a Build-It-Back project? ☒ Yes, App ID # App-020125 ☐ No



**NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION**Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373**ASBESTOS ASSESSMENT REPORT**

1st - 2nd	Exterior Siding	Asphalt insulation under sidings, tar paper under siding, foundation cement, brick mortar on foundation,	8	No	No
Roof	Roof	Roofing material, tar around chimney on roof	4	No	No
1st	Foyer, laundry room, kitchen	Floor ceramic tile grout & adhesive	0	Yes	Yes
1st - 2nd	Den, living room, entire 2 floor	Hardwood floor felt paper & glue	0	Yes	Yes
1st - 2nd	Bathrooms	Wall & floor ceramic tile grout & adhesive	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental lab, Corp	11999	3/8/2016

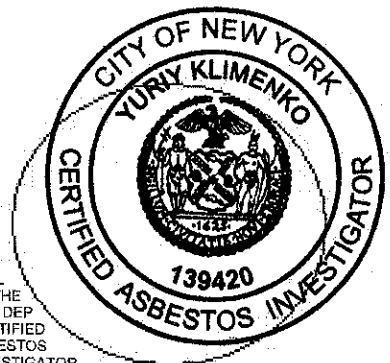
11. NYS DOL Asbestos Handling license # 31038 Company Name TRC Environmental Corporation

I hereby declare the information provided herein is true and complete

YURIY KLIMENKO Y. Klimenko 3/17/2016 139420 6/1/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 882-3420 Fax # _____Email yuriyklimenko@yahoo.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
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NYC DEP
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ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☒ Yes, App ID # App-020125 ☐ No

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