



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: 4526442**
2. Premise No. 57-10 Street Name 156 Street Borough Queens Zip 11355
3. AKA _____ Type of Facility Residence BIN 4145887 Block 06722 Lot 0010
4. Building Owner ZHENG, HAO Address 57-10 156 Street
5. City Queens State NY Zip 11355 Contact Person ZHENG, HAO
6. Tel. # (631) 268-8381 Fax # _____ Email _____
7. Work Type PL Plumbing, General Construction

Description of the Entire Scope of Work

Convert one family dwelling to two family dwelling for existing two story residential building with plumbing work. Proposed enlargement at rear on the existing two story building. obtain a new certificate of occupancy.

8. I, YINGYU KUANG, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
01/08/2019 5:30PM-6:00PM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ 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.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Cellar	Partition	Plaster	1	No					

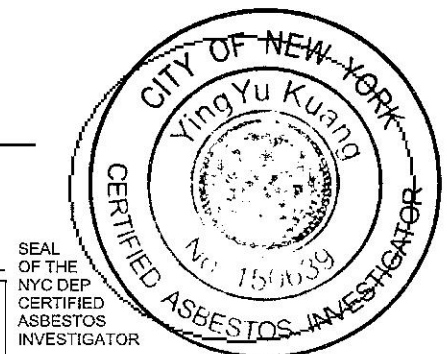
I hereby declare the information provided herein is true and complete

YINGYU KUANG 1/16/2019 150639 8/24/2020
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 388-5207 Fax # _____

Email yingyu.kuang@hotmail.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 # _____ ☒ No





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Building Floors-1 to 2	Partition	Plaster	4	No					
Cellar	Ceiling	Ceiling Tiles (Inner Layer)	2	No					
Cellar	Ceiling	Drop Ceiling (Lower Layer)	2	No					
Building Floors-1 to 2	Window	Caulking	2	No					
Outside Space	2FL Facade	Vapor barrier	2	No					
Roof	Roof	Shingles	2	No					
Roof	Around Chimney	Flashing	2	No					

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	1/9/2019

11. NYS DOL Asbestos Handling license # 111510 Company Name Protech Inspection LLC

12. Comment

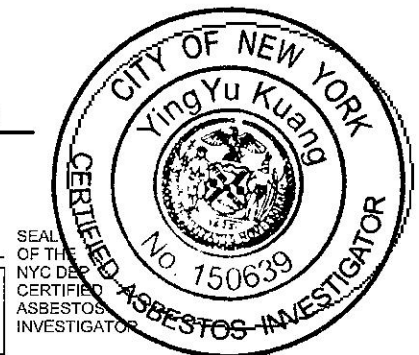
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