



NYC DEPART

59-17 Juncti



ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4103173**

2. Premise No. 20-64 Street Name 47th Street Borough Queens Zip 11105

3. AKA _____ Type of Facility Residence BIN 4014766 Block 00772 Lot 0069

4. Building Owner Anthony Mincone Address 20-64 47th Street

5. City Queens State NY Zip 11105 Contact Person Anthony Mincone

6. Tel. # (917) 743-5084 Fax # _____ Email _____

7. Description of the Entire Scope of Work
RENOVATION TO BASEMENT, AND FIRST FLOOR. ONE STORY REAR
EXTENSION. CONVERSION FROM ONE FAMILY DWELLING TO A TWO FAMILY

Note: inspection was performed in accessible areas on day of survey.
If any suspected materials found during renovation - work shall stop and materials shall be inspected.

8. I, SERGEI GOLOUBENKO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/20/2013 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
Basement	entire	ceiling, mortar	4	No	
1	back section affected by work	drywall, joint compound, ceiling	9	No	

I hereby declare the information provided herein is true and complete

SERGEI GOLOUBENKO 11/27/2013 117685 5/3/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 567-9499 Fax # (718) 233-3166 Email sgoloubenko@me.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



25108603



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11938	11/22/2013

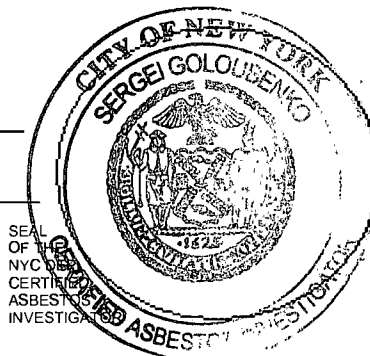
11. NYS DOL Asbestos Handling license # 66317 Company Name Environ Safety Corporation

I hereby declare the information provided herein is true and complete

SERGEI GOLOUBENKO 11/27/2013 117685 5/3/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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