



NYC DEPARTMENT OF ENVIRONMENTAL

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

ASBESTOS ASSESSMENT REPORT



RECEIVED

12/5/2013

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

1. NYC DOB Job # (if applicable) _____ Control Number: 4104184

2. Premise No. 115-38 Street Name 146 Street Borough Queens Zip 11436

3. AKA None Type of Facility Residence BIN 4259801 Block 11990 Lot 0012

4. Building Owner THOMAS, TRICIA Address 115-38 146 street

5. City Queens State NY Zip 11436 Contact Person Tricia Thomas

6. Tel. # (347) 731-7831 Fax # _____ Email _____

7. Description of the Entire Scope of Work

FILING TO CORRECT ECB VIOLATIONS: 35020808Z AND 35020807R. LEGALIZE BATHROOM IN CELLAR, REMOVE LAUNDRY (ELECTRIC DRYER AND WASHING MACHINE) AND REMOVE ILLEGAL EXTENSION AT FIRST FLOOR REAR. (NOTE: This acp5 is issued strictly as per job description above if there is any change, amending plans, adding or extending work area, any insulated pipe or unreachable material behind walls or any acm suspect, contact person or owner must call immediately the investigator for re-inspection.)

8. I, JULIO CORPORAN, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

11/29/2013 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:

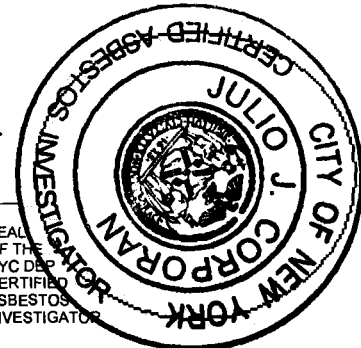
FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Cellar	Bed/living at front	Sheetrock wall Approx 70sf	2	No	No
Cellar	Bathroom at front	Ceramic wall tiles Approx 87sf	2	No	No
Cellar	At front, bathroom	Ceramic floor tiles Approx 56sf	2	No	No

I hereby declare the information provided herein is true and complete

JULIO CORPORAN 12/5/2013 119167 8/17/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 270-2876 Fax # (718) 889-2373 Email Julio.Corporan@gmail.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

25109650

**NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION**Asbestos Control Program
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Cellar	Bathroom	Sheetrock ceiling	2	No	No
1st floor	Rear extension	Ceramic floor tiles Approx 56sf	2	No	No
1st floor	Rear extension	Sheetrock wall Approx 192sf	2	No	No
1st floor	Rear extension	Sheetrock ceiling Approx 56sf	2	No	No
1st floor	Rear extension /roof	Roofing shingles	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp	11999	12/2/2013

11. NYS DOL Asbestos Handling license # 71143 Company Name NYC Asbestos Surveys Corp.**I hereby declare the information provided herein is true and complete**

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

Applicant's Name: JULIO CORPORAN

Date: 12/5/2013

Facility Address: 115-38 146 Street, Queens, NY 11436

This is to inform you that the Department has received the following document for the above premises.

Asbestos Assessment Report (ACP5)

Fee Paid: \$47

Credit/Debit Card
Mode of payment

Control Number: 4104184