



NYC DEPARTMENT OF
Asbestos
59-17 Junction Boulevard
ASBESTOS



1. NYC DOB Job # (if applicable) _____ **Control Number: 4119280**
2. Premise No. 27-10 Street Name Parsons Boulevard Borough Queens Zip 11354
27-04 - 28-02 Parsons
3. AKA Boulevard Type of Facility Residence BIN 4449960 Block 04772 Lot 0001
4. Building Owner Linden Hill No. 2 Cooperative Corp Address 622 3 Avenue, c/o FirstService Residential
5. City Manhattan State NY Zip 10017 Contact Person H Arifi
6. Tel. # (631) 691-1700 Fax # (516) 795-6506 Email harifi@1energygroup.com
7. Description of the Entire Scope of Work
Install new gas service, gas meter and gas piping and connect to existing gas/oil burner on NYC Boiler No. MD13817-01

8. I, PHILIP TANELLA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
03/24/2014 *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: _____ sq. ft 50 linear ft.
Specify locations (attach additional documents as necessary):
Cellar - Meter room - Adjacent piping and elbows - Pipe insulation and plaster
- ☐ 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	Meter room	Concrete wall	2	No	No
Cellar	Meter room	Concrete ceiling	2	No	No
Cellar	Meter room - adjacent piping and elbows	Pipe insulation and plaster	0	Yes	Yes
Cellar	Boiler room	Concrete wall	2	No	No

I hereby declare the information provided herein is true and complete

PHILIP TANELLA 3/31/2014 113080 2/11/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 227-7244 Fax # (718) 227-7244 Email pmt1669@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.

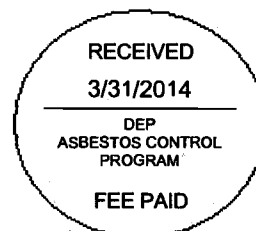
SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



25125313



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



Cellar	Boiler room	Concrete ceiling	2	No	No
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	3/27/2014

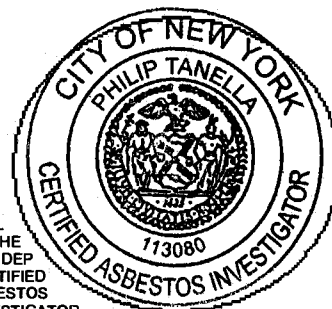
11. NYS DOL Asbestos Handling license # 59193 Company Name A+ Asbestos Investigation, Inc.

I hereby declare the information provided herein is true and complete

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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Applicant's Name: PHILIP TANELLA

Date: 3/31/2014

Facility Address: 27-10 Parsons Boulevard, Queens, NY 11354

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: 4119280

