



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: 4130978**
2. Premise No. 117-17 Street Name 164 Street Borough Queens Zip 11434
3. AKA _____ Type of Facility Residence BIN 4267664 Block 12355 Lot 0017
4. Building Owner Mark Haynes Address 117-17 164 Street
5. City Queens State NY Zip 11434 Contact Person Mark Haynes
6. Tel. # (646) 996-4812 Fax # _____ Email _____

7. Description of the Entire Scope of Work

VERTICAL AND HORIZONTAL ENLARGEMENT OF ONE FAMILY BUILDING.

8. I, HEMLALL SURUJNARINE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

06/05/2014 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 _____ 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	Ceiling	Acoustic Ceiling	2	No	No
Cellar	Interior Wall	Sheetrock	3	No	No
Cellar	Flooring	Floor Tile	2	No	No
1st Floor	Ceiling	Sheetrock	1	No	No
1st Floor	Interior Wall	Sheetrock	2	No	No
Exterior Wall	Exterior Wall	Bricks (No sample taken)	0	No	No

I hereby declare the information provided herein is true and complete

Hemlall Surujnarine
HEMLALL SURUJNARINE

DEP Certified Asbestos Investigator's Signature

6/13/2014
Date

131638
Certificate Number

3/29/2016
Expiration Date

Tel. # (718) 323-2997 Fax # (347) 561-9256 Email sevahemlall@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





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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11938	6/13/2014

11. NYS DOL Asbestos Handling license # 62658 Company Name Jason Properties Inc. dba AA Soil and Concrete

I hereby declare the information provided herein is true and complete

Hemlall Suruj
HEMLALL SURUJNARINE

DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 323-2997 Fax # (347) 561-9256 Email sevahemlall@gmail.com

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