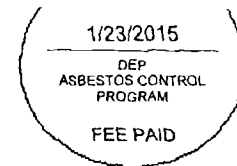




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4166033**
2. Premise No. 167-19 Street Name HILLSIDE AVE, Borough Queens Zip 11432
3. AKA _____ Type of Facility Commercial BIN 4210471 Block 09839 Lot 0001
4. Building Owner AHMED SHABAB Address 167-19 HILLSIDE AVE,
5. City QUEENS State NY Zip 11432 Contact Person MOHAMMAD ALI
6. Tel. # 9174702472 Fax # _____ Email _____
7. Description of the Entire Scope of Work
CONVERT EXISTING STORE TO BAKERY, W/PLUMBING AND MH. WORK. NO CHANGE IN USE, EGRESS AND OCCUPANCY IS INVOLVED UNDER THIS APPLICATION

8. I, ARSHAD SHABBIR, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
01/04/2015 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: 1300 sq. ft. _____ linear ft.
Specify locations (attach additional documents as necessary):
GROUND FLOOR AND BASEMENT
☐ 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
1ST FL. BASEMENT	INTERIOR	SHEETROCK, CEILING TILES, FLOOR TILES, PLUMBING FIXTURES	0	No	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

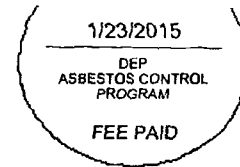
ARSHAD SHABBIR 1/23/2015 106371 7/7/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (347) 350-3371 Fax # _____ Email jhelumpak@yahoo.com

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.





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



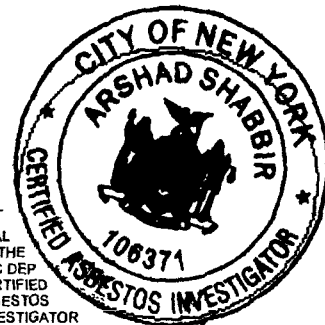
11. NYS DOL Asbestos Handling license # 77997 Company Name Global Expediting

I hereby declare the information provided herein is true and complete

<u>ARSHAD SHABBIR</u>	<u>1/23/2015</u>	<u>106371</u>	<u>7/7/2017</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date
Tel. # (347) 350-3371 Fax #		Email <u>jhelumpak@yahoo.com</u>	

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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