



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: 4151272**  
2. Premise No. 14-44 Street Name Gipson Street Borough Queens Zip 11691  
3. AKA \_\_\_\_\_ Type of Facility Residence BIN 4299459 Block 15655 Lot 0031  
4. Building Owner Abdo H. Alkaifi Address 14-44 Gipson Street  
5. City Queens State NY Zip 11691 Contact Person Abdo H. Alkaifi  
6. Tel. # 9176870397 Fax # \_\_\_\_\_ Email \_\_\_\_\_

7. Description of the Entire Scope of Work

TWO-FAMILY CONVERSION AND INTERIOR RENOVATION. CHANGE FROM ONE FAMILY TO TWO-FAMILY DWELLING.

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

10/13/2014 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 |
|-----------------|---------------------------|-----------------------------------------------------|----------------------------|------------------|-------------|
| Main Roof       | Main Roof                 | Asphalt Shingle                                     | 2                          | No               | No          |
| Roof            | Roof                      | Roofing Paper                                       | 2                          | No               | No          |
| Exterior Siding | Under Siding              | Roofing Paper                                       | 2                          | No               | No          |
| 1st Floor       | Interior Wall             | Sheetrock                                           | 2                          | No               | No          |

I hereby declare the information provided herein is true and complete

Hemlall Surujnarine 10/16/2014 131638 3/29/2016  
*DEP Certified Asbestos Investigator's Signature* *Date* *Certificate Number* *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                          | 10/16/2014               |

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 Surujnarine  
HEMLALL SURUJNARINE10/16/20141316383/29/2016

DEP Certified Asbestos Investigator's Signature

Date

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