



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11371
ASBESTOS ASSESSMENT REPORT



Control Number: 4186728

1. NYC DOB Job # (if applicable) _____
2. Premise No. 35-14 Street Name 72 STREET Borough Queens Zip 11372
3. AKA _____ Type of Facility Residence BIN 4029493 Block 01271 Lot 0011
4. Building Owner SCFIYA DORIA Address 35-06 72 AVE
5. City QUEENS State NY Zip 11372 Contact Person ARIE KAZI
6. Tel. # (347) 543-5927 Fax # _____ Email _____
7. Description of the Entire Scope of Work
REMOVAL OF SLATE ROOF FROM THE FRONT OF THE BUILDING
FLASHING WILL NOT BE DISTURBED

8. I, MARTIN AMBROSE have conducted an asbestos investigation on
05/06/2015 in accordance
Name of Certified Asbestos Investigator *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: 392 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
ROOF AT FRONT OF BUILDING
☐ 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
ROOF	ENTIRE	FLASHING	1	Yes	Yes
ROOF	ENTIRE	BLACK SLATE	2	No	
ROOF	ENTIRE	GREY SLATE	2	No	

I hereby declare the information provided herein is true and complete

Martin Ambrose 6/2/2015 116635 12/31/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 342-7686 Fax # (718) 342-7685 Email v.martin@unio.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

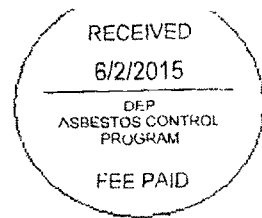
SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



25136854



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
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10. ANALYTICAL LABORATORY

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL ANALYTICAL, INC.	11506	5/12/2015

11 NYS DOL Asbestos Handling license # 28947 Company Name Volmartin Associates Inc.

I hereby declare the information provided herein is true and complete

Martin Ambrose
MARTIN AMBROSE

6/2/2015

116635

12/3/2015

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (718) 342-7686

Fax # (718) 342-7695

Email volmartin@unp.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
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INVESTIGATOR



25186354



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

Applicant's Name: MARTIN AMBROSE

Date: 6/2/2015

Facility Address: 35-14 12 STREET, Queens, NY 11372

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: 4186728