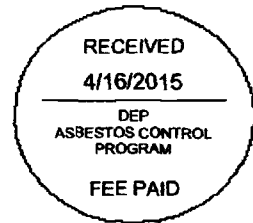




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4178594**
2. Premise No. 141-12 Street Name 123 Avenue Borough Queens Zip 11436
3. AKA _____ Type of Facility Residence BIN 4261228 Block 12034 Lot 0019
4. Building Owner Sunita Bachus Address 141-12 123 Avenue
5. City Jamaica State NY Zip 11436 Contact Person Gennie Agbisit
6. Tel. # (646) 399-9967 Fax # _____ Email gagbisit@gmail.com
7. Description of the Entire Scope of Work
Interior renovation of 2 family building unit.

8. I, ANTONIO JARAMILLO, have conducted an asbestos investigation on
03/27/2015, 04/15/2015 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: 3225 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Attic (entire) no physical work to be done 632 sq ft.
osp/face (entire) 2,593 sq ft
☐ 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	Middle section ceiling	Drywall	1	No	No
Cellar	Staircase floor tile	Linoleum	1	No	No
Cellar	Staircase floor tile	Linoleum	1	No	No
1 Floor	Rear entrance floor tile	Vinyl tile	1	No	No
1 Floor	Staircase left side wall	Plaster	1	No	No

I hereby declare the information provided herein is true and complete

ANTONIO JARAMILLO 4/16/2015 120023 10/28/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 326-2924 Fax # (718) 521-4530 Email asbestosreport@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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

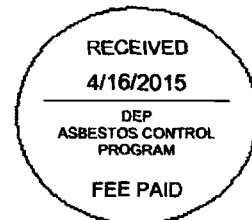


Any suspected areas ACM to be investigated during construction, owner or contractor shall notify investigator as soon as possible to re-examine the whole job site





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
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1 Floor	Rear side left wall insulation	Fiber glass	1	No	No
2 Floor	Front right bedroom floor	Linoleum	1	No	No
2 Floor	Bathroom right partition wall	Plaster	1	No	No
2 Floor	Bathroom left partition wall	Plaster	1	No	No
Attic	Entire	Note: No physical work to be done.	0	Yes	Yes
Osp/facade	Entire	Note: No physical work to be done.	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp.	11999	3/31/2015

11. NYS DOL Asbestos Handling license # 58697 Company Name A & A Building Consultants, Inc.

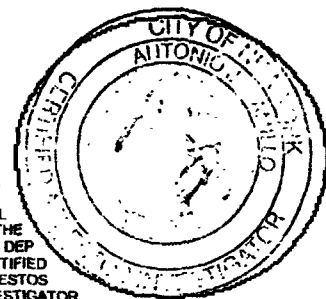
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SEAL
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ASBESTOS
INVESTIGATOR



Any suspected friable ACM to be removed during construction, owner or contractor shall notify investigator as soon as possible to re-examine the whole job site



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