



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



FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 4193861**
2. Premise No. 149-13 Street Name 61 Road Borough Queens Zip 11367
3. AKA _____ Type of Facility Residence BIN 4140919 Block 06426 Lot 0032
4. Building Owner LIN, QIN Address 149-13 61 Road
5. City Queens State NY Zip 11367 Contact Person LIN, QIN
6. Tel. # (478) 320-6597 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Convert one family dwelling unit into two family dwelling units. Partition and plumbing work

8. I, KENG LEE SO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
07/11/2015 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: _____ 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, 1FL, 2FL	Partition	Plaster	5	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	7/13/2015

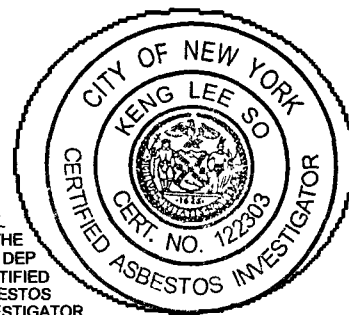
11. NYS DOL Asbestos Handling license # 59538 Company Name KS Asbestosafe, Inc.

I hereby declare the information provided herein is true and complete

KENG LEE SO 7/14/2015 122303 10/2/2015
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Tel. # (917) 968-5925 Fax # _____ Email ks asbestosafe@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



25204314



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten.

Page 1 of

DEPT BLDGS Job No. 420193775

Scan Code

ESHS3565448

1 Location Information Required for all applications.

House No(s) 147-07 Street Name 120 AVENUE

Borough QUEENS

Block 12028

Lot 62

BIN 4261161

CB No.

Work on Floor(s) CEL, 1 & 2

2 Work Type Information Required for all applications. Select all that apply. Filing components/fixtures? ☐ Yes ☐ No

☐ Plumbing - PL

Cost: \$ 12500

Total sprinkler heads in 8B:

To remove violation(s): 1)

2)

☐ Sprinkler - SP

Cost: \$

Total sprinkler heads in 8A:

To remove violation(s): 1)

2)

☐ Standpipe - SD

Cost: \$

To remove violation(s): 1)

2)

3 Drainage Information

Storm Drainage Discharges into: select one.

☐ Storm Sewer

☐ Combined Sewer

☐ Private Disposal

Sanitary Drainage Discharges into: select one.

☐ Sanitary Sewer

☐ Combined Sewer

☐ Private Disposal

4 Sewer Work Select all that apply.

☐ HCP-1/HCP-2

☐ Site Connection

☐ Septic Tank

5 Cap / Remove / Replace / Relocate Components If this section is completed, components are required.

☐ Cap or Remove

Describe all:

☒ Replace or Relocate

Describe all:

RELOCATE WASHING MACHINE AND DRYER FROM
CELLAR TO FIRST FLOOR. ALSO REPLACE

EXTG HWK WITH NEW RTRN
WALL INTO HWK.

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No

Describe gas fired equipment:

STOVE, AND DRYER and WATER HEATER.

Total Location(s), floor(s) - list all that apply:

Meters total:

Risers total:

Gas Usage:

☐ Heat

☒ Other

☒ Water Heater

☐ Tankless Coil

☐ HVAC

☒ Cooking

☐ Fire Place

☐ Boiler Pilot for Oil Burner

☐ Other:

7 Applicant's Statements and Signatures Required for all applications.

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Name (please print)
KAMAR AUBU, R.A.

Date

Professional Seal: POSTER ARCHITECT, KAMAR AUBU, R.A., STATE OF NEW YORK, 026019-1

P.E. / R.A. Seal (apply seal, then sign and date over seal)

8 Equipment Information *For new work only.*

System (work type)	Components (Piping / Equipment / Fixture)	Floors <i>Indicate no. of proposed components and/or "X" for piping</i>											
		1	2	AT									
8A Sprinkler (SP) <i>Must not be off domestic.</i>	P* Sprinkler Piping - Dry												
	P* Sprinkler Piping - Wet												
	E* Dry Pipe Valve												
	E* Booster Pump - SP												
	F Floor/Riser Control Valve												
	F Siamese FDC												
	F Sprinkler Heads												
	F Sprinkler Heads over 999												
8B Sprinkler (PL)**	F Sprinkler Heads (thirty or less)												
8C Fire Standpipe (SD)	P* Standpipe Piping												
	E* Fire Pump												
	E* Special Service Fire Pump												
	F Floor/Riser Control Valve												
	F Hose Cabinet/Rack/Valve												
	F Siamese FDC												
8D Water/San. (PL)	P* Sanitary Piping (Soil & Venting)												
	P* Water Piping												
	P Water Service Piping												
	E Sewer Ejection Pump												
	E Submeters												
	F Bathtubs/Whirlpools/Hot Tub/Sauna												
	F Bidet												
	F Chiller/Cooler												
	F Dishwasher												
	F Domestic Water Tank/Pump												
	F Drinking Fountain												
	F Floor Drain												
	F Grease Trap/Oil Separator/GRD												
	F Ice Maker												
	F In-sink Garbage Disposal												
	F Lavatory (Common Wash Basin)												
	F Laundry - Standpipe												
	F Pool												
	F RPZ/Backflow Preventer (Primary)												
	F RPZ/Backflow Preventer (Secondary)												
	F Sink - Non Residential												
	F Sink - Residential	1											
	F Stall Shower												
	F Tankless Coil												
	F Toilet (Water Closet)												
	F Urinal												
	F Washing Machine	1											
	F Water Heater (Non-Gas)												
8E Storm (PL)	P* Storm Drainage Piping												
	E Sump Pump												
	F Area/Yard Drain												
	F Detention Tank												
	F Dry Well/Retention												
	F Roof Drain												
8F Gas (PL)	P* Gas Piping												
	E Emergency Shut-off Valve												
	E* Fire Suppression Shut-off Valve												
	E Gas Booster Pump												
	F Cooking Equipment (non-residential)												
	F Cooking Equipment (residential)												
	F Gas Boiler (<350K, non-comm, <6 family)												
	F Gas Bumer												
	F Gas Dryer	1											
	F Gas Furnace												
8G Medical (PL)	F Gas Meter												
	F Gas Water Heater												
	P* Medical Gas Piping												
	E Assorted Medical Equipment												

** Must be off domestic.

* Indicates test *may* be required.