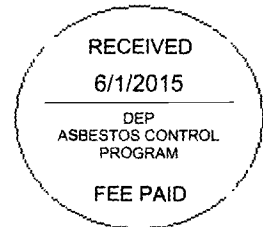




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4186547**
2. Premise No. 14 Street Name Doris Lane Borough Queens Zip 11697
3. AKA N/A Type of Facility Residence BIN 4466808 Block 16350 Lot 0400
4. Building Owner Jean Collins Address 14 Doris Lane
5. City Queens State NY Zip 11697 Contact Person Ray Walsh
6. Tel. # (646) 996-1106 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Demolition of the entire home - The building was a hurricane sandy home - all interior components were removed.

8. I, CARLO FRASSETTI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/29/2015 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
1st floor	Entire Interior	Roofing shingles only - The interior of the home was gutted out due to the hurricane Sandy damage - the interior is made up of all bare floors/walls and ceilings. The exterior siding is aluminum over wood sheeting.	3	No	No

I hereby declare the information provided herein is true and complete

CARLO FRASSETTI 6/1/2015 116986 1/16/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (908) 975-5855 Fax # (908) 925-5998 Email cfrassetti@dsaservices.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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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Lab	12003	5/30/2015

11. NYS DOL Asbestos Handling license # 29768 Company Name D.S.A. Services, Inc.

I hereby declare the information provided herein is true and complete

CARLO FRASSETTI 6/1/2015 116986 1/16/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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