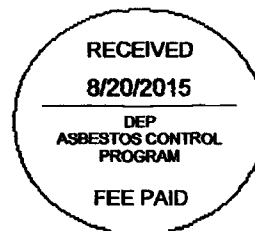




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 4200504
2. Premise No. 74-18 Street Name 85 DRIVE Borough Queens Zip 11421
3. AKA _____ Type of Facility Residence BIN 4180832 Block 08836 Lot 0037
4. Building Owner RKM Management LLC Address 116-55 Queens Blvd, Suite 206
5. City Forest Hills State NY Zip 11375 Contact Person Iskyo Aronov
6. Tel. # (718) 322-6600 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Application is filed to clear violation number 34928170M for work without permit at Basement level, restore garage interior door* partition, remove sink.
No change of use egress or occupancy. Work completed at time of survey.

8. I, PAUL JENNINGS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

08/15/2015 3:00PM-4:00PM

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: 800 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):

INTERIOR WALL IN GARAGE 800 SF

- ☐ 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
BASEMENT	INTERIOR WALL GARAGE	SHEETROCK 800 SF	0	Yes	Yes

10. ANALYTICAL LABORATORY:

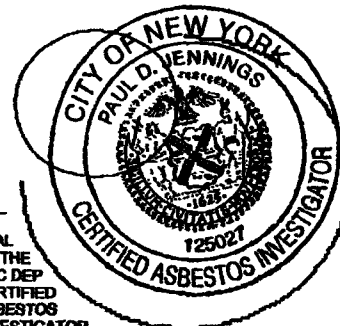
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

PAUL JENNINGS 8/20/2015 125027 8/1/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 662-5480 Fax # (718) 978-9789 Email paulnickjon1@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

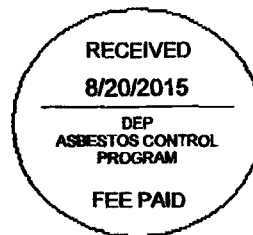


Is it a Build-It-Back project? ☐ Yes. App ID #





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



11. NYS DOL Asbestos Handling license # 63956 Company Name Alpha Asbestos Corp.

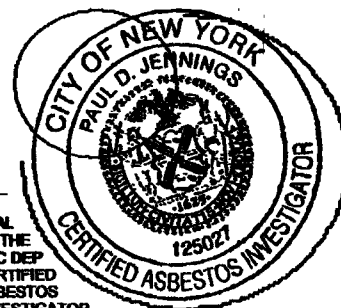
I hereby declare the information provided herein is true and complete

<u>PAUL JENNINGS</u>	<u>8/20/2015</u>	<u>125027</u>	<u>8/1/2016</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (917) 662-5480 Fax # (718) 978-9789 Email paulnickjon1@yahoo.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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