



NYC DEPARTMENT OF ENVIRONMENTAL

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, FI

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 4218482

2. Premise No. 8020 Street Name Utopia Parkway Borough Queens Zip 11432

3. AKA _____ Type of Facility School BIN 4595655 Block 07021 Lot 0001

4. Building Owner St. Johns University Address 8000 Utopia Parkway

5. City Queens State NY Zip 11439 Contact Person Brian Baumer

6. Tel. # (718) 990-3292 Fax # _____ Email baumerb@stjohns.edu

7. Description of the Entire Scope of Work

INTERIOR DEMO INCLUDING PARTITIONS AND EXISTING CHILLER. INSTALL NEW 100-TON SCREW CHILLER. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

8. I, JASON DOWNS, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

02/26/2015 3:30AM-5:15AM, 12/11/2015 10:45AM-12:00PM 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: _____ 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
1	MECHANICAL ROOM	CHILLER GASKET, DRYWALL AND ASSOCIATED JOINT COMPOUND.	6	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AMERISCI NEW YORK	11480	3/6/2015

I hereby declare the information provided herein is true and complete

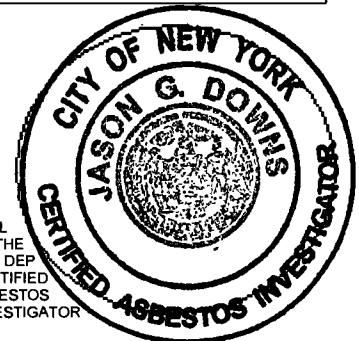
JASON DOWNS 12/14/2015 133364 11/12/2017

DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 995-2000 Fax # _____

Email jdowns@warrenpanzer.com

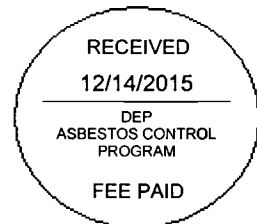
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

25230120



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



11. NYS DOL Asbestos Handling license # 28898 Company Name Warren & Panzer, Engineers, P.C

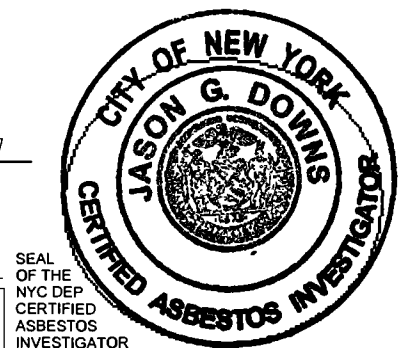
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