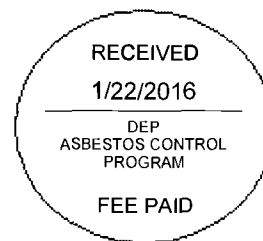




DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-11 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4223693**
2. Premise No. 53-48 Street Name 97th Street Borough Queens Zip 11368
3. AKA _____ Type of Facility Residence BIN 4047009 Block 01896 Lot 0052
4. Building Owner Luke Lambe Address 53-48 97 Street
5. City Queens State NY Zip 11368 Contact Person Luke Lambe
6. Tel. # (718) 809-0368 Fax # _____ Email _____
7. Description of the Entire Scope of Work
To legalize cellar condition. Legalize bathroom and kitchen at cellar.

8. I, ANTONIO JARAMILLO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/02/2015 9:30AM-10:30AM 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): _____

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

- ☐ 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	Kitchen right side wall behind stove	Drywall	1	No	No
Cellar	Bathroom left partition wall	Drywall	1	No	No
Cellar	Boiler room ceiling	Drywall	1	No	No
Cellar	Front side ceiling	Drywall	1	No	No

I hereby declare the information provided herein is true and complete

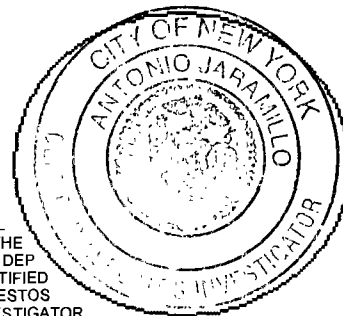
ANTONIO JARAMILLO 1/22/2016 120023 10/28/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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

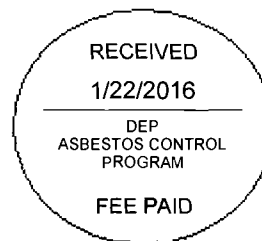


Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No





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



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp.	11999	12/3/2015

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

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

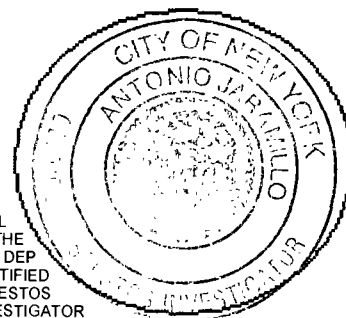
I hereby declare the information provided herein is true and complete

ANTONIO JARAMILLO 1/22/2016 120023 10/28/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
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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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