



NYC DEPARTMENT OF ENVIR

Asbestos Contr
59-17 Junction Boulevard, 8th

ASBESTOS ASSESSMENT REPORT

DEPT BLDGS.

421259854

Job Number

ID

6

CONTROL

Scan Code

SC131212022

FEE PAID

1 NYC DOB Job # (if applicable) _____ Control Number: 4235703

2 Premise No _____ Street Name _____ Borough _____ Zip _____

3 AKA _____ Type of Facility _____ BIN _____ Block _____ Lot _____

4 Building Owner _____ Address _____

5 City _____ State _____ Zip _____ Contact Person _____

6 Tel. # _____ Fax # _____ Email _____

7. Description of the Entire Scope of Work

8. I, CHINYELU ORAEBUNAM, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

03/31/2016 5:30PM-6:30PM

Date(s)

in accordance

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
Basement and 1st Floor	Entire Floors	Sheetrock, Shingles, Floor Tile and Facade Paper	12	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	4/2/2016

I hereby declare the information provided herein is true and complete

CHINYELU ORAEBUNAM Chinyelu 4/6/2016

DEP Certified Asbestos Investigator's Signature

Date

136720

Certificate Number

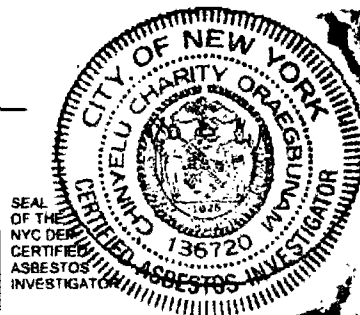
11/30/2016

Expiration Date

Tel. # (973) 350-0101 Fax # (973) 350-0123

Email stephocomputers@aol.com

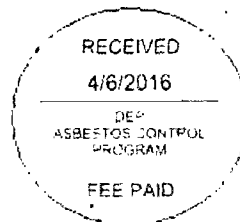
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a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

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

25245217



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 # _____ Company Name _____

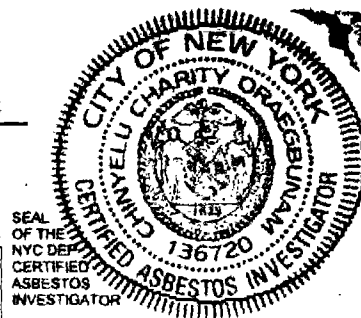
I hereby declare the information provided herein is true and complete

<u>CHINYELU ORAEGBUNAM</u>	<u>4/6/2016</u>	<u>136720</u>	<u>11/30/2016</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (973) 350-0101 Fax # (973) 350-0123

Email stephcomputers@aol.com

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