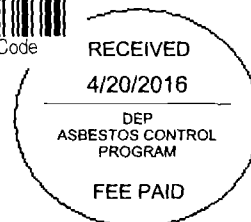




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4238254**
2. Premise No. 112-06 Street Name 37th Ave Borough Queens Zip 11368
3. AKA _____ Type of Facility Residence BIN 4044888 Block 01782 Lot 0003
4. Building Owner Corona Park Veiw LLC Address 131-29 Sandford Ave, Sandford Ave
5. City Flushing State NY Zip 11355 Contact Person Kevin
6. Tel. # (917) 295-6098 Fax # _____ Email _____
7. Description of the Entire Scope of Work
DEMOLITION OF BUILDING

8. I, HEMLALL SURUJNARINE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
03/22/2016 12:30PM-1:30AM 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): _____
- ☒ 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	Int Wall	Sheetrock	1	No	No
Basement	Ceiling	Sheetrock	1	No	No
Basement	Flooring	12x12 Brown Floor Tile	1	No	No
1st Floor	Int Wall	Sheetrock	1	No	No
1st Floor	Living room hallway	12x12 floor tile	1	No	No
1st Floor	Hallway	12x12 Blue tile	1	No	No

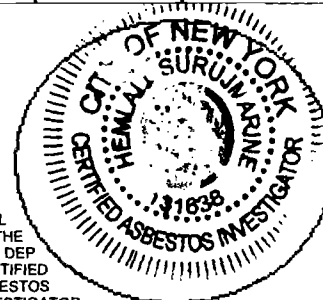
I hereby declare the information provided herein is true and complete

HEMLALL SURUJNARINE 4/20/2016 131638 3/29/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 323-2997 Fax # _____

Email sevahemlall@gmail.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.



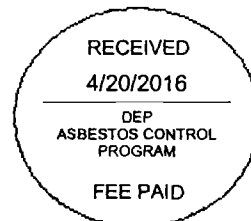
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
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ASBESTOS ASSESSMENT REPORT



1st Floor	Ceiling	Sheetrock	1	No	No
2nd Floor	Ceiling	Sheetrock	1	No	No
2nd Floor	Int Wall	Sheetrock	1	No	No
Roof	Roof	Brown Asphalt Shingle	1	No	No
Outside/Exterior	Outside/Exterior	Siding Brown Asphalt shingle	1	No	No
Attic	Ceiling	Sheetrock	1	No	No
Attic	Int Wall	Sheetrock	1	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11938	3/25/2016

11. NYS DOL Asbestos Handling license # 82270 Company Name High Rise Build & Design, Inc.

I hereby declare the information provided herein is true and complete

HEM LALL SURUNARINE 4/20/2016 131638 3/29/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 323-2997 Fax # _____

Email sevahemlall@gmail.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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