



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



Control Number: 4614290

1. NYC DOB Job # (if applicable) _____
 2. Premise No. 148-09 Street Name Liberty Avenue Borough Queens Zip 11435
 3. AKA _____ Type of Facility Commercial BIN 4442234 Block 10033 Lot 0034
 4. Building Owner Gagan Singh Address 148-09 Liberty Avenue
 5. City Jamaica, Queens State NY Zip 11435 Contact Person Gagan Singh
 6. Tel. # (516) 439-1666 Fax # _____ Email _____
 7. Work Type MH Mech/ HVAC, General Construction

Description of the Entire Scope of Work

Application is filed for proposed Spray Booth inside existing Auto Body Shop with all related ventilation systems. No change in use, egress or occupancy. Plan & PW1 by Nasir J. Khanzada, LLC

8. I, CLEMENT JOLAOSO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

07/13/2019 2:00PM-2:30PM

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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ 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.
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-01	Part. Floor - right rear corner	New stainless steel Spray Booth installed. No work to be done.	0	No	No				

I hereby declare the information provided herein is true and complete

CLEMENT JOLAOSO 7/16/2019 116518 12/9/2019
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (646) 342-7492 Fax # _____

Email cjolaoso@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.

SEAL OF THE
 NYC DEP
 CERTIFIED
 ASBESTOS
 INVESTIGATOR

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





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Roof	Part. Roof - rear right corner	Ventilation systems installed. No work to be done.	0	No	No				
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 75311 Company Name JOL Design & Environmental Services, Inc.

12. Comment

I hereby declare the information provided herein is true and complete

CLEMENT JOLAOSO 7/16/2019 116518 12/9/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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