



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



1 NYC DOB Job # (if applicable) _____ Control Number: 4231776
2 Premise No 32-21 Street Name 104th Street Borough Queens Zip 11369
3 AKA _____ Type of Facility Residence BIN 4042110 Block 01699 Lot 0061
4 Building Owner Dong Zhou Feng Address 32-21 104th Street
5 City Queens State NY Zip 11369 Contact Person Dong Zhou Feng
6 Tel # (646) 248-2620 Fax # _____ Email _____

7 Description of the Entire Scope of Work

Renovation of an existing building at cellar, 1ST and 2ND floors. Install new plumbing fixtures. No Change in use, egress or occupancy under this application.

8 I, XIONG WU, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

02/23/2016 2:00PM-3:00PM

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
2nd floor	Wall and Ceiling	sheetrock	2	No	
2nd floor	flooring and Kitchen floor	Vinyl Tile	2	No	
2nd floor	Bathroom	Bathroom tile	1	No	
1st Floor	Wall and Ceiling	Sheetrock	2	No	
1st Floor	Flooring	Vinyl Tile	1	No	

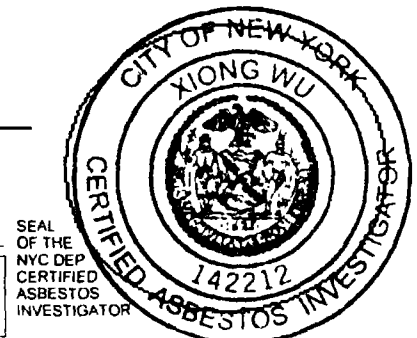
I hereby declare the information provided herein is true and complete

XIONG WU _____ 3/14/2016 142212 2/5/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 688-4172 Fax # _____

Email pesingwu@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



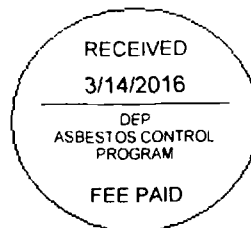
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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1st Floor	Bathroom	Bathroom Tile	1	No	
Cellar	Wall and Ceiling	Sheetrock	2	No	
Cellar	Bathroom	Bathroom Tile	1	No	
Cellar	Flooring	Vinyl Tile and Ceramic Tile	2	No	

10 ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratory	12003	3/4/2016

11 NYS DOL Asbestos Handling license # 89646 Company Name Great Wall Consultant Professional Engineering PLL

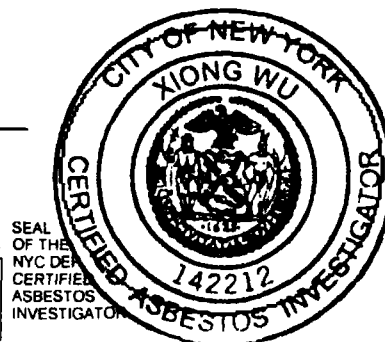
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