

DEPT BLDGS.

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Job Number

SC140905009

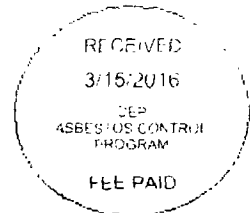
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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

 Asbestos Control Program
 59-17 Junction Boulevard 8th Floor Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 4231885

2. Premise No. 75-63 Street Name 178 Street Borough Queens Zip 11366

3. AKA _____ Type of Facility Residence BIN 4154695 Block 07191 Lot 0061

4. Building Owner YULIYA ARONOV Address 75-63 178th Street, Fresh Meadow

5. City Queens State NY Zip 11366 Contact Person Yuliana Aronov

6. Tel. # (718) 440 4511 Fax # _____ Email _____

7. Description of the Entire Scope of Work

INTERIOR RENOVATION IN ALL FLOORS AND HORIZONTAL EXTENSION.

8. I, HEMLALL SURUJNARINE, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

03/07/2016 1:00PM-2:15PM, 03/11/2016 8:00AM-8:15AM

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
1st Floor	Rear Extension	Rubberized Material	2	No	No
Roof	Roof	Flat Paper	2	No	No
1st Floor	Roof Extension	Flashing Cement	2	No	No
1st Floor	Interior Wall	Plaster	1	No	No
1st Floor	Ceiling	Sheetrock	1	No	No
2nd Floor	Rear Wall	Masonry Plaster	2	No	No

I hereby declare the information provided herein is true and complete

HEMLALL SURUJNARINE3.15.20161316383.29.2016

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.

 SEAL OF THE
 NYC DEP
 CERTIFIED
 ASBESTOS
 INVESTIGATOR

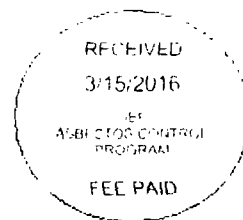

Is it a Build-It-Back project? Yes. App ID # _____

☒ No

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2nd Floor	Interior Wall	Plaster	2	No	No
Cellar	Ceiling	Sheetrock	1	No	No
2nd Floor	Ceiling	Plaster	2	No	No

10. ANALYTICAL LABORATORY.

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11938	3/7/2016
Asbestos Analytical Lab	11938	3/11/2016

11. NYS DOL Asbestos Handling license # 81277 Company Name High Rise Build & Design, Inc.

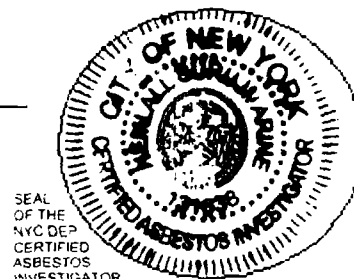
I hereby declare the information provided herein is true and complete

HEMLALL SURUNARINE 3/15/2016 131638 3/29/2016
NYC DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel # (718) 323-2997 Fax # _____

Email seva@hemlall.com

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



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