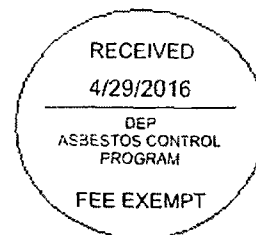




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
DEPT BLDGS Job No. 421319415
Scan Code ESHS8571212
Program
or, Flushing, NY 11373
ENT REPORT



1. NYC DOB Job # (if any) _____ Control Number: 4239823
2. Premise No. 337 Street Name Beach 69th Street Borough Queens Zip 11692
3. AKA Garage Type of Facility Residence BIN 4203292 Block 16081 Lot 0019
4. Building Owner Teresa Surillo Address 337 Beach 69th Street
5. City Queens State NY Zip 11692 Contact Person Noel Ventergeat
6. Tel. # (516) 523-0038 Fax # _____ Email _____
7. Description of the Entire Scope of Work
DEMOLITION OF GARAGE.

8. I, CHINYELU ORAEGBUNAM, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
04/28/2016 11:00AM-12:00PM 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
1st	Entire Garage	NO SUSPECT MATERIALS.	0	No	No

10. ANALYTICAL LABORATORY:

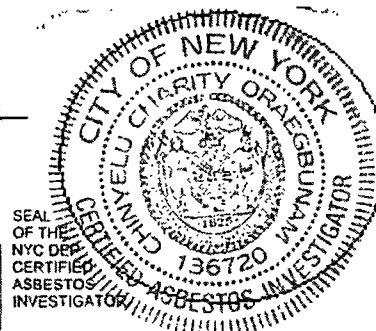
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 72208 Company Name Apex Development Incorporated

I hereby declare the information provided herein is true and complete

CHINYELU ORAEGBUNAM 4/29/2016 136720 11/30/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (973) 350-0101 Fax # (973) 350-0123
Email stephcomputers@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 # App-005421 ☐ No



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