



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

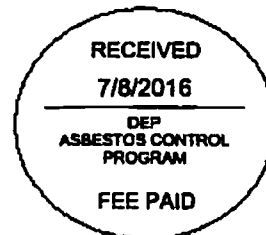
59-17



DEPT BLDGS 421349883 Job Number

SC140905010

Scan Code



Control Number: 4251184

1. NYC DOB Job # (if applicable) 147-25,
2. Premise No. Bldg. #16 Street Name Charter Rd. Borough Queens Zip 11435
3. AKA _____ Type of Facility Residence BIN 4530561 Block 06715 Lot 0002
4. Building Owner Douglas Sherman, President Address 81-26 150th Street
5. City Queens State NY Zip 11345 Contact Person Giovanni Zapata
6. Tel. # (914) 374-5721 Fax # _____ Email grupodesignnyc@gmail.com

7. Description of the Entire Scope of Work

Inspection of facade for repairs including front clay roof shingles. Windows will not be disturbed.8. I, JOHN ZURITA, have conducted an asbestos investigation onName of Certified Asbestos Investigator07/05/2016 7:15AM-8:15AMDate(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 100 linear ft.
Specify locations (attach additional documents as necessary):
Window caulking
☐ 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
All Floors	Facade	Brick mortar	3	No	
All Floors	Windows	Caulking	2	Yes	
Front Roof Clay Shingles	Below front roof clay Shingles	Paper filler	2	No	

I hereby declare the information provided herein is true and complete

JOHN ZURITA
DEP Certified Asbestos Investigator's Signature7/8/2016
Date118107
Certificate Number6/13/2018
Expiration DateTel. # (917) 292-7263

Fax # _____

Email jzurita@verizon.net

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

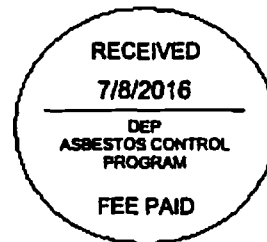
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Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
LTS	10955	7/7/2016

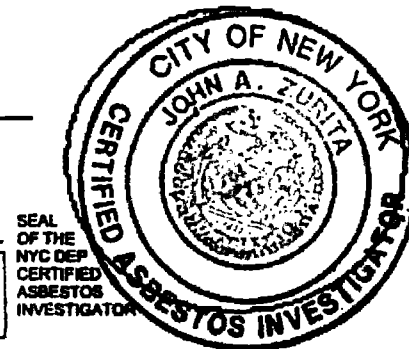
11. NYS DOL Asbestos Handling license # 90893 Company Name John Zurita

I hereby declare the information provided herein is true and complete

John Zurita 7/8/2016 118107 6/13/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 292-7263 Fax # _____Email jzurita@verizon.net

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

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