



NYC DEPARTMENT OF E
Asbestos
59-17 Junction Boulevard

ASBESTOS ASSESSMENT REPORT



RECEIVED
11/2017
DEP
STOS CONTROL
PROGRAM
FEE PAID

1. NYC DOB Job # (if applicable) _____ Control Number: 4340108

2. Premise No. 35-07 Street Name 31st Avenue Borough Queens Zip 11106

3. AKA _____ Type of Facility Commercial BIN _____ Block 650 Lot 6

4. Building Owner Tomislav Kajic Address 35-07 31st Avenue

5. City Astoria State NY Zip 11106 Contact Person Tomislav Kajic

6. Tel. # (516) 358-7255 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Full interior renovation of existing store (1st floor and cellar). New flooring, partitions, and tiles.
Remove and relocate existing bathroom.

8. I, RAPHAEL FORONDA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
09/02/2017 10:00AM-10:30AM 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
Cellar	Open cellar	Gypsum board	2	No	No
001	Open commercial space, 1/2 bath	Gypsum board, ceramic wall tile, grout, thinset, porcelain floor tile, cement mortar, acoustical ceiling tile, batt insulation	19	No	No
OSP	Front elevation	Brick, mortar	4	No	No

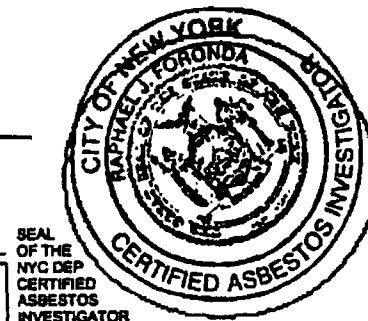
I hereby declare the information provided herein is true and complete

RAPHAEL FORONDA 9/11/2017 141885 9/15/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 494-4442 Fax # _____

Email forondanyc@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





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
LABORATORY TESTING SERVICES, INC.	10955	9/6/2017

11. NYS DOL Asbestos Handling license # 91003 Company Name Expedited Asbestos investigations Corp.

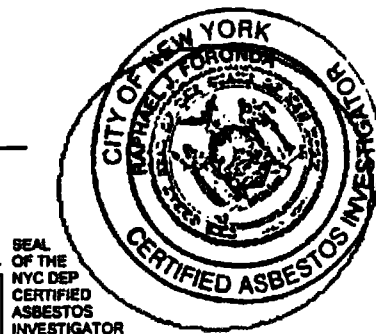
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