



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: 4364597**
2. Premise No. 71-25 Street Name 244 Street Borough Queens Zip 11362
3. AKA _____ Type of Facility Residence BIN 4172610 Block 08300 Lot 0409
4. Building Owner ZHAO, TIANSHU Address 71-25 244 Street
5. City Queens State NY Zip 11362 Contact Person ZHAO, TIANSHU
6. Tel. # (347) 935-5669 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Proposed interior renovation for existing 2-family dwelling. Work included interior non-structural demo, partitions, floor finishes, minor plumbing work and all other related work filed herewith.

8. I, XIAO HUANG, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/23/2017 4:00PM-4:45PM in accordance
Date(s)

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:

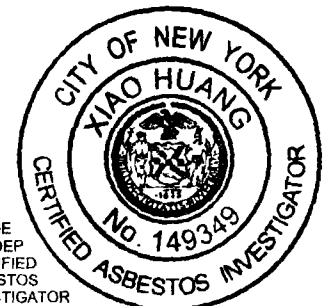
LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Cellar		Partition	Plaster	1	No	
Building Floors	1 to 2	Partition	Plaster	4	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	12/12/2017

I hereby declare the information provided herein is true and complete

XIAO HUANG XH 12/13/2017 149349 11/9/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 378-7262 Fax # _____
Email nyxasbestos@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, 40 CFR 763.80, 40 CFR 763.85.

Is it a Build-It-Back project? ☐ Yes



12/13/2017 9:17:34 AM





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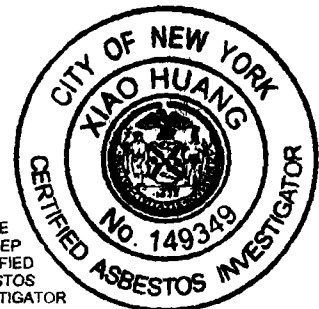
11 NYS DOL Asbestos Handling license # 106758 Company Name NYX Engineering PLLC

I hereby declare the information provided herein is true and complete

XIAO HUANG XH 12/13/2017 149349 11/9/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 378-7262 Fax # _____

Email nyxasbestos@gmail.com



SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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



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