



NYC DEPARTMENT C

Asbe
59-17 Junction Boul

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4376566**

2. Premise No. 53-36 Street Name 194 ST Borough Queens Zip 11365

3. AKA _____ Type of Facility Residence BIN 4127902 Block 05664 Lot 0023

4. Building Owner KUN WHA LEE Address 53-36 194 ST

5. City QUEENS State NY Zip 11365 Contact Person KUN WHA LEE

6. Tel. # (917) 502-9949 Fax # _____ Email aogdevelopment@gmail.com

7. Description of the Entire Scope of Work

TO INSTALL ILLEGALLY REMOVED GARAGE DOOR AND RESTORE TO PREVIOUS CONDITION OF EXISTING GARAGE. WORK TO REMOVE ILLEGAL WALL AND WINDOW. NO CHANGE IN USE, EGRESS AND OCCUPANCY

8. I, BUNG KYU JEON, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

12/14/2017 3:00PM-3:30PM 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).

I hereby declare the information provided herein is true and complete

BUNG KYU JEON 12/28/2017 138421 10/2/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 805-1200 Fax # _____

Email hanlarch2001@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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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

ASBESTOS ASSESSMENT REPORT



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
Basement		GARAGE	ILLEGALLY INSTALLED GARAGE WALL ONLY. NOTE Do not disturb any suspicious asbestos containing materials (ACM). If thermal insulation or any suspicious ACM inside walls or sub-floor, stop all work and notify the investigator for further tests.	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 # 80387 Company Name Jeon Consulting

I hereby declare the information provided herein is true and complete

BUNG KYU JEON 12/28/2017 138421 10/2/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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