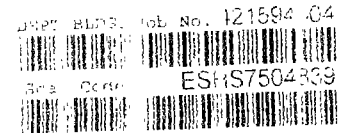




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375
ASBESTOS ASSESSMENT REPORT

RECEIVED



1. NYC DOB Job # (if applicable) _____ **Control Number: 4385037**
2. Premise No. 217-35 Street Name 47th Road Borough Queens Zip 11361
3. AKA _____ Type of Facility _____ BIN 4157830 Block 07350 Lot 0036
4. Building Owner Hui Liu Address 217-35 47th Road
5. City Bayside State NY Zip 11361 Contact Person Hui Liu
6. Tel. # (347) 539-1670 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Two story rear extension to existing one family building. Less than 10 Sq.ft of the transite siding and window caulking will be disturbed for creating the door opening using the existing window and converting it to a door. The existing roof will not be disturbed.

8. I, KOSTA KAMBERIS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

02/19/2018 5:00PM-6:00PM 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: 1550 sq. ft 20 linear ft.
Specify locations (attach additional documents as necessary):
1. 2nd floor transite siding under aluminum
2. Mastic on stairs and foundation walls
3. Pipe insulation behind intact walls
4. Main Roof, Roof Shingles
5. Window/door caulking

☐ 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		throughout	gypsum board compounds	3	No	No
Building Floors	1 to 2	Throughout	gypsum board compounds	3	No	No

I hereby declare the information provided herein is true and complete

KOSTA KAMBERIS 2/28/2018 117761 5/21/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 865-0399 Fax # _____

Email kamberis@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, 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



25404166



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT



Roof		front 1st floor	roof shingles	2	No	No
Facade	2 to 2	2nd floor siding	transite shingles under aluminum	0	Yes	Yes
Roof		main roof	roof shingles	0	Yes	Yes
Facade	1 to 1	Foundation walls and rear stairs	mastic	0	Yes	Yes
Building Floors	1 to 2	behind intact walls	pipe insulation	0	Yes	Yes
Cellar		behind intact ceiling and walls	pipe insulation	0	Yes	Yes
Facade	1 to 2	window/doors	Window/door caulking	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
alpha labs, llc	11833	2/27/2018

11. NYS DOL Asbestos Handling license # 28442 Company Name Environmental Management Services, Inc.

I hereby declare the information provided herein is true and complete

KOSTA KAMBERIS2/28/20181177615/21/2018

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

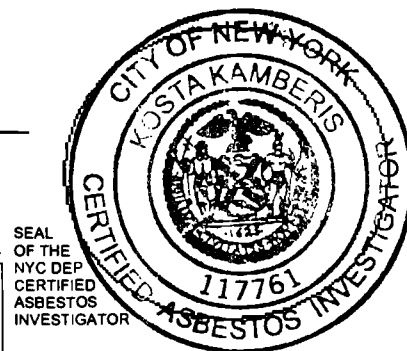
Expiration Date

Tel. # (917) 865-0399

Fax #

Email kamberis@aol.com

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

25404168