



NYC DEPARTMENT

Asst
59-17 Junction Bo
ASBESTC1. NYC DOB Job # (if applicable) _____ **Control Number: 4392849**2. Premise No. 98-40 Street Name 64TH AVENUE Borough Queens Zip 113743. AKA ROOF Type of Facility Residence BIN 4431985 Block 02101 Lot 00244. Building Owner ARIS PROPERTIES/ROBERT AST Address 92 WASHINGTON AVENUE5. City CEDARHURST State NY Zip 11516 Contact Person ROBERT AST6. Tel. # (516) 569-5959 Fax # _____ Email _____

7. Description of the Entire Scope of Work

REMOVAL AND REPLACEMENT OF THE ENTIRE ROOF.8. I, IYKE OHRIALA, have conducted an asbestos investigation on*Name of Certified Asbestos Investigator*03/31/2018 9:00AM-10:00AM, 04/08/2018 7:00AM-8:00AM 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: 48 sq. ft. _____ linear ft.
Specify locations (attach additional documents as necessary):
WINDOW CAULKING/GLAZING AT THE BULKHEAD.

- ☐ 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
Roof		ENTIRE ROOF	(4) ROOF MATERIAL, (2) ROOF FLASHING, (2) ROOF TAR	8	No	
Roof		BULKHEAD	WINDOW CAULKING/GLAZING	2	Yes	

10. ANALYTICAL LABORATORY:

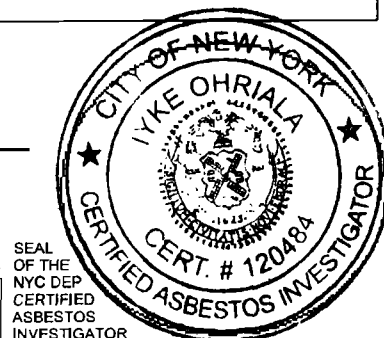
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
LTS	10955	4/9/2018

I hereby declare the information provided herein is true and complete

IYKE OHRIALA 4/16/2018 120484 12/1/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 351-4587 Fax # (347) 426-9314Email aiilinks2017@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, App ID # _____ ☒ No

25412521



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: 4392849**
2. Premise No. 98-40 Street Name 64TH AVENUE Borough Queens Zip 11374
3. AKA ROOF Type of Facility Residence BIN 4431985 Block 02101 Lot 0024
4. Building Owner ARIS PROPERTIES/ROBERT AST Address 92 WASHINGTON AVENUE
5. City CEDARHURST State NY Zip 11516 Contact Person ROBERT AST
6. Tel. # (516) 569-5959 Fax # _____ Email _____
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is present. Specify amount: 48 sq. ft _____ linear ft.
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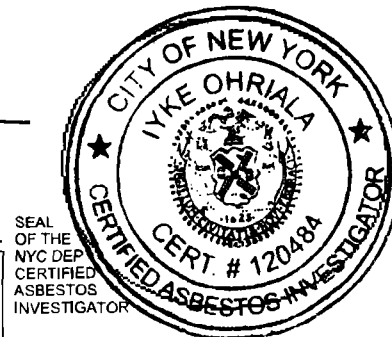
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