



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: 4512331**
2. Premise No. 28-15 Street Name 35 STREET Borough Queens Zip 11103
3. AKA _____ Type of Facility Residence BIN 4009201 Block 00629 Lot 0015
4. Building Owner 35TH STREET REALTY LLC Address 29-10 120TH STREET
5. City FLUSHING State NY Zip 11354 Contact Person Filomena Martello
6. Tel. # (917) 732-6957 Fax # _____ Email _____

7. Description of the Entire Scope of Work

1. No change of use, egress or occupancy.
 2. Remove violation#s 35317347M, 35303591R, 35303592Z.
 3. Keep boiler room and meter room, remove gas range, kitchen sink, 3 piece bathroom (1 lav, 1 w.c. and 1 bathtub) and partition wall.
- (Condition of the cellar is same since my last inspection on 5/14/2018. 2nd inspection was done due to fact that DOB considered previous ACP-5 expired because of the expiration date of my certificate 6/09/2018.)

8. I, AHMAD FAREGHBAI, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

05/14/2018 11:30AM-12:30PM, 12/05/2018 9:15AM-10:15AM

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: 600 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Cellar floor which is about 20x30.

- ☐ 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		Walls	Sheet Rock.	3	No	No
Cellar		Bathroom Wall Ceramic Tile	Mastic.	2	No	No

I hereby declare the information provided herein is true and complete

AHMAD FAREGHBAI *A. Fareghbai*
DEP Certified Asbestos Investigator's Signature

12/12/2018
Date

131636
Certificate Number

6/9/2020
Expiration Date

Tel. # (914) 309-1433 Fax # _____

Email fare2020@yahoo.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





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Cellar		Bathroom Floor Ceramic Tile	Grout.	2	No	No
Cellar		Floor Tile	Linoleum.	0	No	Yes
Cellar		Boiler and Meter Room Walls	Mortar.	0	No	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp.	11999	5/19/2018
Atlas Environmental Lab, Corp.	11999	5/20/2018

11. NYS DOL Asbestos Handling license # 72982 Company Name Ahmad Farghbal

I hereby declare the information provided herein is true and complete

AHMAD FAREGHBAL A Farghbal 12/12/2018 131636 6/9/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 309-1433 Fax # _____

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