



NYC DEP,

59-17,



ON



1. NYC DOB Job # (if applicable) _____ **Control Number: 4417355**
2. Premise No. 45-55 Street Name 168 Street Borough Queens Zip 11358
3. AKA _____ Type of Facility Residence BIN 4123466 Block 05447 Lot 0008
4. Building Owner SHI, YUN SHENG Address 45-55 168 Street
5. City Queens State NY Zip 11358 Contact Person SHI, YUN SHENG
6. Tel. # (347) 968-3983 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Legalize interior renovation work without permit throughout the house as per plan filed herewith to remove violation #35328027R.

8. I, YINGYU KUANG, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/09/2018 9:00PM-9:30PM 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).

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 debris on floor (interior already gutted)	1	No	
Building Floors	1 to 2	Partition	Plaster debris on floor (interior already gutted)	2	No	
Attic		Partition	Plaster debris on floor (interior already gutted)	1	No	

I hereby declare the information provided herein is true and complete

YINGYU KUANG YingYu Kuang 5/10/2018 150639 8/24/2020
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 388-5207 Fax # _____

Email yingyu.kuang@hotmail.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

25437315



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	5/10/2018

11. NYS DOL Asbestos Handling license # 103977 Company Name Kinetic Design Consultant LLC

I hereby declare the information provided herein is true and complete

YINGYU KUANG Yingyu Kuang 5/10/2018 150639 8/24/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 388-5207 Fax # _____

Email yingyu.kuang@hotmail.com

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