



NYC DEPARTMENT OF ENVIRONMENTAL P

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, N. Y. 11354

ASBESTOS ASSESSMENT REPORT

DEPT BLDGS Job No. 421663168
Scan Code ESHS6057802

FEE PAID

Control Number: 4796621

1. NYC DOB Job # (if applicable) _____
2. Premise No. 133-25 Street Name 37th Avenue Borough Queens Zip 11354
3. AKA _____ Type of Facility Commercial BIN 4112220 Block 04970 Lot 0011
4. Building Owner 37th. Avenue Richouse LLC Address 133-25 37th Avenue,
5. City Flushing State NY Zip 11354 Contact Person Katie Chen
6. Tel. # (917) 435-6795 Fax # _____ Email _____
7. Work Type Full Demolition

Description of the Entire Scope of Work

Demolition of Entire Structure

8. I, ENIOLA ADEDEJI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
07/25/2020 2:30PM-5:30PM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ 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.
- ☒ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

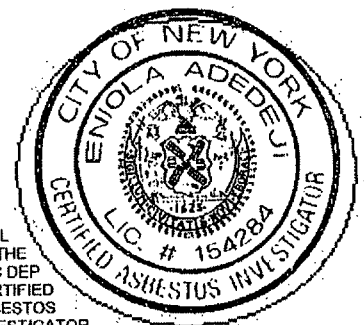
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-1 to 1	1st Flr - Floor	Concrete	3	No	No				d

I hereby declare the information provided herein is true and complete

ENIOLA ADEDEJI 12/15/2020 154284 10/31/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 709-4485 Fax # _____Email EADEDEJI@YAHOO.COM

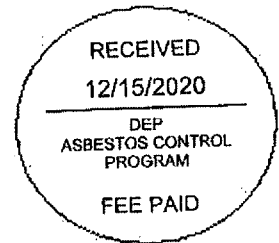
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

25818573



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Building Floors-1 to 1	Walls	Brick Mortar	2	No	No				d
Building Floors-1 to 1	Walls	Paint	3	No	No				d
Building Floors-1 to 1	Wall Partition	Brick Mortar	2	No	No				d
Building Floors-1 to 1	Interior Wall by Curve	Brick Mortar	2	No	No				d
Building Floors-1 to 1	Interior Wall by Curve	Plaster - Brown	3	No	No				d
Building Floors-1 to 1	1st Floor Ceiling	Concrete Ceiling	3	No	No				d
Building Floors-1 to 1	1st Floor Ceiling	Paint	3	No	No				d
Building Floors-1 to 1	Exterior Wall (inside)	Wall Plaster	3	No	No				d
Building Floors-1 to 1	Exterior Wall	Brick Mortar	4	No	No				d
Building Floors-1 to 1	Glass Block	Mortar	2	No	No				d
Building Floors-1 to 1	Interior Wall by Curve	Plaster - White	3	No	No				d
Building Floors-2 to 2	Interior Wall	Paint	3	No	No				d
Building Floors-2 to 2	Interior Wall	Ceramic Grout	2	No	No				d
Building Floors-2 to 2	Interior Wall	Brick Mortar	2	No	No				d
Building Floors-2 to 2	Floor	Mortar	2	No	No				d
Building Floors-2 to 2	Floor	Concrete on Floor	6	No	No				d
Building Floors-1 to 2	Windows and Doors	Caulking	2	No	No				d
Building Floors-2 to 2	Floor Carpet	Mastic Under Carpet	2	No	No				d
Building Floors-2 to 2	Raised Floor	Concrete on Floor	3	No	No				d

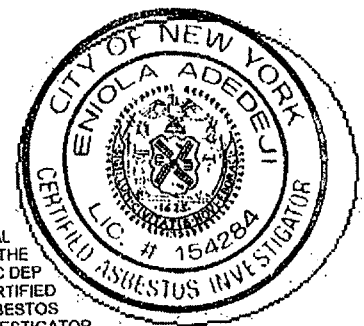
I hereby declare the information provided herein is true and complete

ENIOLA ADEDEJI 12/15/2020 154284 10/31/2020
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 709-4485 Fax # _____

Email EADEDEJI@YAHOO.COM

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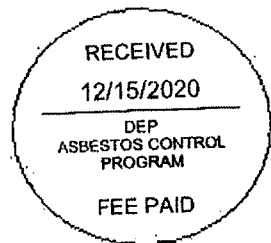
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Building Floors-2 to 2	Raised Floor	Ceramic Grout	2	No	No				d
Building Floors-2 to 2	Wall by Curve	Plaster Brown	3	No	No				d
Building Floors-2 to 2	Wall by Curve	Plaster - White	3	No	No				d
Roof	Roof Top	Tar on Coping Stone	2	Yes	No	260		Yes	d
Roof	Roof Top	Flushing	2	No	No				d
Roof	Roof Top	Roof Membrane	3	Yes	No	20000		Yes	d
Roof	Parapet Wall	Tar	2	Yes	No	1600		Yes	d
Building Floors-2 to 2	Ceiling	Spray On Insulation	3	No	No				d
Building Floors-2 to 2	Ceiling	Ceiling Plaster - Brown	3	No	No				d
Building Floors-2 to 2	Ceiling	Ceiling Plaster - White	3	No	No				d
Building Floors-1 to 1	Storage Room Wall/Ceiling	Sheetrock	3	No	No				d

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ALLAB	12118	7/29/2020

11. NYS DOL Asbestos Handling license # 68778 Company Name A & B Inspection Services, Corp

12. Comment

Only physically accessible areas were inspected and sampled. This report makes no representation as to the content of areas not sampled.
20,000 Sf, 1,600 SF & 260 SF of Roof Membrane, parapet wall Tar & Coping Stone Tar respectively were removed under ACP 21 #TRU0725QN20

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ENIOLA ADEDEJI

DEP Certified Asbestos Investigator's Signature

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12/15/2020 8:51:09 AM