



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



1. NYC DOB Job # (if applicable) _____ Control Number: 4479210
2. Premise No. 91-43 Street Name 90th Street Borough Queens Zip 11421
3. AKA _____ Type of Facility Residence BIN 4186300 Block 08984 Lot 0047
4. Building Owner A. Sanchez Address 91-43 90th Street
5. City Queens State NY Zip 11421 Contact Person Alvaro S.
6. Tel. # (347) 238-7783 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Proposed Renovation of front steps to 1st floor and new steps to cellar. No change in use, egress or occupancy.

8. I, ROBERT COLQUHOUN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
09/17/2018 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: 100 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Possibly (ACM) at shingle front wall, however, area will not be disturbed by construction activity as per plans.
☐ 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
Building Floors	1 to 1	Stairs	Brick Mortar	2	No	No
Building Floors	1 to 1	Front Exterior wall	Shingle	0	No	Yes

I hereby declare the information provided herein is true and complete

ROBERT COLQUHOUN 9/21/2018 131788 2/20/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (347) 220-5152 Fax # _____
Email rcolquhoun2000@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



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab	198.4	9/19/2018

11. NYS DOL Asbestos Handling license # 72943 Company Name Robert

I hereby declare the information provided herein is true and complete

ROBERT COLOUGHOUN 9/21/2018 131788 2/20/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (347) 220-5152 Fax # _____
Email rcoloughoun2000@gmail.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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