



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 113
ASBESTOS ASSESSMENT REPORT

DEPT BLDGS Job No. 421714327
Scan Code ESHS1117687

FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 4543452**
2. Premise No. 181-45 GAR Street Name Aberdeen Road Borough Queens Zip 11432
3. AKA _____ Type of Facility Residence BIN 4565523 Block 07241 Lot 0064
4. Building Owner Yurt Tsadyis Address 68-46 Juno Street
5. City Forest Hills State NY Zip 11375 Contact Person Yurt Tsadyis
6. Tel. # (917) 749-6505 Fax # _____ Email _____
7. Work Type Full Demolition

Description of the Entire Scope of Work

FULL DEMOLITION OF A ONE-STORY ONCE-CAR RESIDENTIAL GARAGE.

8. I, JACOB GOLDENBERG, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
03/01/2019 8:00AM-9:00AM 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. 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
Ground Floor	Garage/front & center	Slate roof	2	No	No				d
Ground Floor	Garage/front & rear	Tar paper	2	No	No				d

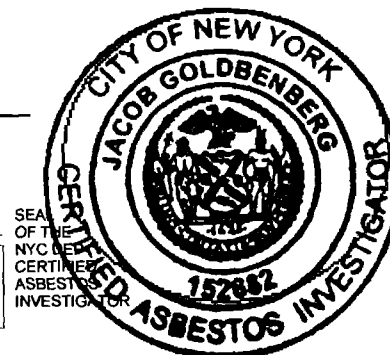
I hereby declare the information provided herein is true and complete

JACOB GOLDENBERG 3/5/2019 152682 2/20/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 258-2189 Fax # _____

Email jacobg@bsdenvironmental.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.



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



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Ground Floor	Garage/ left & right	Mortar	2	No	No				d
Ground Floor	Garage/ left	Window caulk	2	No	No				d
Ground Floor	Garage/center	FI-concrete	2	No	No				d
Ground Floor	Garage/front & rear	Roof/tar	2	No	No				d
Ground Floor	Garage/rear	Roof shingle	2	No	No				d

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	3/5/2019

11. NYS DOL Asbestos Handling license # 80913 Company Name BSD Environmental Group Ltd.

12. Comment

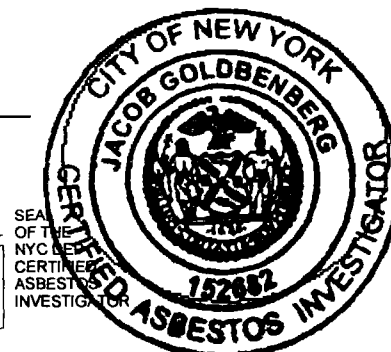
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