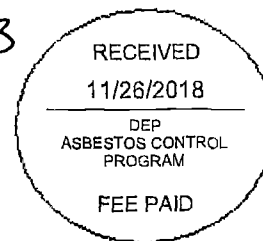




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



421718163

1. NYC DOB Job # (if applicable) _____ **Control Number: 4509582**

2. Premise No. 45-12 Street Name 163rd st Borough Queens Zip 11358

3. AKA _____ Type of Facility Residence BIN 4123266 Block 05441 Lot 0047

4. Building Owner Chan Jun Lin Address 43-12 163rd ST

5. City Queens State NY Zip 11358 Contact Person Chan Jun Lin

6. Tel. # (347) 392-6233 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Demo of house

8. I, EDWARD GIANNETTO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/15/2018 10:00AM-11:30AM 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:

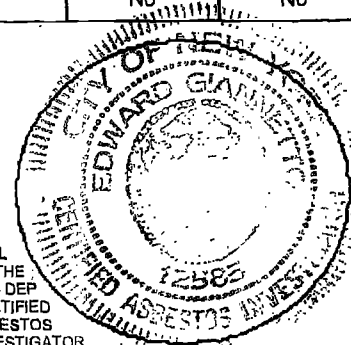
LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Outside Space		Siding	asphalt siding	3	No	No
Outside Space		Windows 1st fl.	Caulk	2	Yes	No
Building Floors	1 to 1	Entire	Plaster	3	No	No
Building Floors	1 to 1	Entire	Ceiling Tile	2	No	No
Basement		Entire	Sheetrock	2	No	No
Building Floors	2 to 2	Windows	Caulk	2	No	No

I hereby declare the information provided herein is true and complete

EDWARD GIANNETTO 11/26/2018 125285 1/13/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 326-0209 Fax # _____

Email qualtechny@aol.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



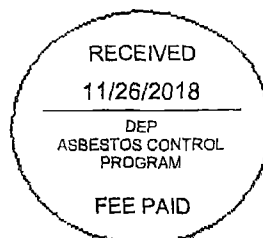
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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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ASBESTOS ASSESSMENT REPORT



Outside Space		Roof	asphalt Roofing shingle	2	No	No
Outside Space		Roof	Roofing paper	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL	11469	10/18/2018

11. NYS DOL Asbestos Handling license # 65051 Company Name Qualtech Corp.

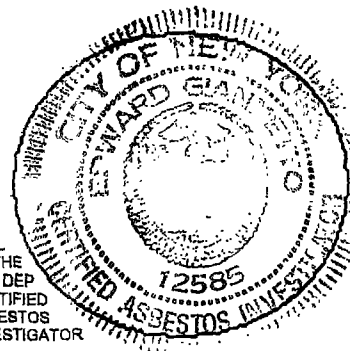
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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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

25521570