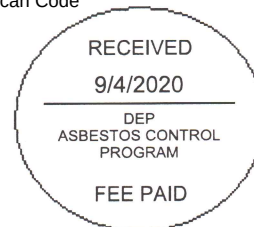




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Control Number: 4764503

1. NYC DOB Job # (if applicable) _____
2. Premise No. 69-10 Street Name 108th Street Borough Queens Zip 11375
3. AKA _____ Type of Facility Residence BIN 4052235 Block 02212 Lot 0014
4. Building Owner Woodrow Wilson Owners Address 69-10 108h Street
5. City Forest Hills State NY Zip 11375 Contact Person Bernard Kernel
6. Tel. # (718) 793-6288 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

Apt 9B (terrace): legalization of terrace enclosure installed as per plans. No change in use, egress or occupancy.

8. I, JEAN RENSINK, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
09/02/2020 12:00PM-12:15PM 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: 90 sq. ft 0 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-9 to 9	Apt. 9B - terrace	Waterproofing, tar, caulk	0	Yes	Yes	90		No	c

I hereby declare the information provided herein is true and complete

JEAN RENSINK 9/4/2020 123114 7/31/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (845) 637-4178 Fax # _____

Email jeanrensink@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.



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





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 28946 Company Name AA Services, LLC

12. Comment

Work has been completed.

I hereby declare the information provided herein is true and complete

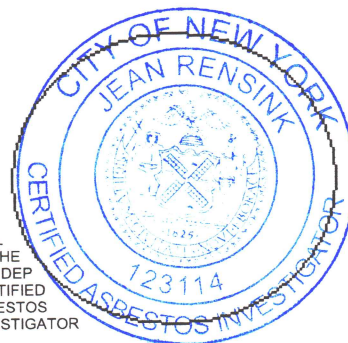
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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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