



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



1. NYC DOB Job # (if applicable) _____ **Control Number: 4621859**
2. Premise No. 166-16 Street Name 20th. Road Borough Queens Zip 11357
3. AKA _____ Type of Facility _____ BIN 4129003 Block 05752 Lot 0012
4. Building Owner DANIEL B. CHOI Address 166-16 20th. Road
5. City Queens State NY Zip 11375 Contact Person DANIEL B. CHOI
6. Tel # (718) 359-0980 Fax # _____ Email PKPROACH@GMAIL.COM
7. Work Type Other (Installation new partition in Basement)

Description of the Entire Scope of Work

Update existing Certificate of Occupancy with minor interior alteration and take over job # 2079/1951 filed for vertical extension which were approved 2/19/1952.

8. I, YEVGENIY REYBLAT, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

08/23/2019 9:00AM-1:30PM

Date(s)

In accordance

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:

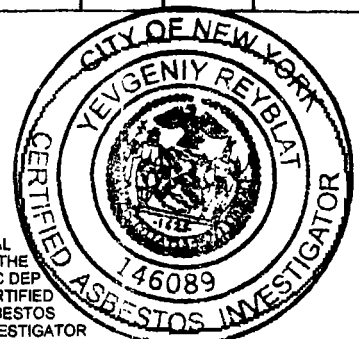
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Basement	Throughout Basement	12"X12" Floor Tile Glue (Beige)	2	No	No				
Basement	Throughout Basement	12"X12" Floor Tile	2	No	No				

I hereby declare the information provided herein is true and complete

YEVGENIY REYBLAT 9/8/2019 146089 3/15/2021
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 892-0330 Fax # _____

Email yreyblat@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.

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



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9/8/2019 1:13:43 PM



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Basement	Throughout Basement	Ceiling Sheetrock	2	No	No				
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ALAC ANALYTICAL Labs	11605	8/30/2019
ATC GROUP SERVICES	10878	8/31/2019

11. NYS DOL Asbestos Handling license # 112218 Company Name K.T.T.D. & Company LLC

12. Comment

I hereby declare the information provided herein is true and complete

YEVGENIY REYBLAT 9/8/2019 146089 3/15/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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