

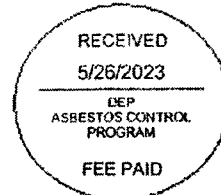


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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 41122864
2. Premise No. 143-44 Street Name 232 Street Borough Queens Zip 11413
3. AKA _____ Type of Facility Residence BIN 4287667 Block 13516 Lot 0031
4. Building Owner Mark Pourlavian Address 143-44 232 Street
5. City Queens State NY Zip 11413 Contact Person Mark
6. Tel. # (516) 983-3141 Fax # _____ Email _____
7. Work Type Full Demolition

Description of the Entire Scope of Work

To construct a 2-story new building with a cellar and two family.

8. I, NIVEISHA PLUMMER, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/19/2023 5:00PM-6:30PM 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
Building Floors-2 to 2	Main Roof	shingle	3	No	No				

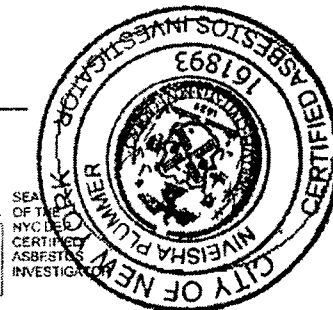
I hereby declare the information provided herein is true and complete

NIVEISHA PLUMMER 5/26/2023 161893 1/23/2025
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 364-7088 Fax # _____

Email NIVPLUMMER@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.



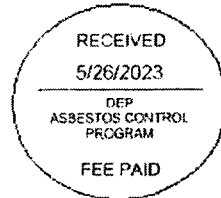
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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Building Floors-1 to 1	Front and rear roof	shingles	6	No	No				
Cellar	Exterior Wall (Front, Rear)	stucco	2	No	No				
Building Floors-1 to 1	front stair	stucco	2	No	No				
Building Floors-1 to 2	front and left windows	caulking	4	No	No				
Roof	chimney at roof	flashing	2	No	No				
Roof	chimney at roof	Brick Mortar	2	No	No				
Building Floors-1 to 2	living rm front wall, kitchen wall, bathroom wall, closet wall and bedroom wall	Sheetrock	8	No	No				
Building Floors-1 to 1	kitchen and bathroom floor	ceramic tile	3	No	No				
Cellar	Ceiling	Sheetrock	3	No	No				
Building Floors-1 to 2	Exterior Walls	wood	0	No	No				
Building Floors-1 to 2	Flooring	wood	0	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
A1 Environmental Lab.	12052	5/22/2023

11. NYS DOL Asbestos Handling license # 451328 Company Name Niveisha T. Plummer

12. Comment

I hereby declare the information provided herein is true and complete

N Plummer
NIVEISHA PLUMMER

DEP Certified Asbestos Investigator's Signature

5/26/2023

Date

161893

Certificate Number

1/23/2025

Expiration Date

Tel. # (347) 354-7088

Fax #

Email NIVPLUMMER@GMAIL.COM

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5/26/2023 1:07:02 PM

Page 2 of 2 ACP5 10/2018