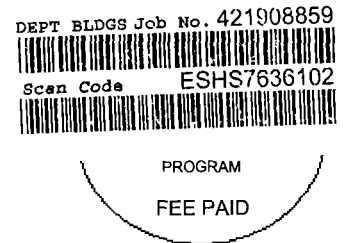




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4646233**
2. Premise No. 35-24 Street Name 215 Street Borough Queens Zip 11361
3. AKA _____ Type of Facility Residence BIN 4136554 Block 06175 Lot 0017
4. Building Owner 35 & 215 REATLY LLC Address 35-24 215 Street
5. City Queens State NY Zip 11361 Contact Person HONGTAO ZHENG
6. Tel. # (347) 368-4555 Fax # _____ Email _____
7. Work Type Full Demolition

Description of the Entire Scope of Work

Fully demolition of existing 2 story house. Superseded Alt-1 Job #420081333 and LAA job #402866715

8. I, YINGYU KUANG, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

12/07/2019 3:30PM-4:00PM

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
Cellar	Partition	Sheetrock	1	No					
Building Floors-1 to 2	Partition	Sheetrock	2	No					

I hereby declare the information provided herein is true and complete

YINGYU KUANG YingYuKuang 12/14/2019 150639 8/24/2020
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 388-5207 Fax # _____

Email yingyu.kuang@hotmail.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



25662433



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



Outside Space	Facade	Asphalt Siding	2	No					
Building Floors-1 to 2	1FL and 2FL Window	Caulking	2	No					
Roof	Roof	Shingles	2	No					
Roof	Around Chimney	Flashing	2	No					
Cellar	Cellar Ceiling	Insulation	3	No					

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	12/9/2019

11. NYS DOL Asbestos Handling license # 111510 Company Name Protech Inspection LLC

12. Comment

I hereby declare the information provided herein is true and complete

YINGYU KUANG Yingyu Kuang 12/14/2019 150639 8/24/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 388-5207 Fax # _____

Email yingyu.kuang@hotmail.com



SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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



25662433