



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: 4076985**

2. Premise No. 49-10 Street Name 30TH AVE Borough Queens Zip 11377

3. AKA _____ Type of Facility Residence BIN 4013771 Block 00740 Lot 0048

4. Building Owner JINDER SINGH, AGENT Address DHOTHER CONSTRUCTION INC, 34-30 32 STREET

5. City QUEENS State NY Zip 11106 Contact Person JINDER SINGH, AGENT

6. Tel. # (917) 637-0668 Fax # _____ Email _____

7. Description of the Entire Scope of Work
REPLACEMENT OF WINDOW LINTELS AS PER PLAN.

8. I, AKM HOQUE, have conducted an asbestos investigation on
06/06/2013 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:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
FACADE	ON THE EXTERIOR FACADE OF THE BUILDING	NO SUSPECTED ACM. MORTAR & BRICKS. REPLACEMENT OF WINDOW LINTELS.	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 65596 Company Name Ashraf Corporation

I hereby declare the information provided herein is true and complete

AKM HOQUE 6/6/2013 127633 5/10/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 406-2885 Fax # (718) 639-4412 Email ashraf.corp@yahoo.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.

