



DEPT OF BLDGS 440103371

Job Number



ES166574643

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9/5/2013

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

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: 4090711**
2. Premise No. 38-16 Street Name BROADWAY Borough Queens Zip 11103
3. AKA _____ Type of Facility Commercial BIN 4010410 Block 00656 Lot 0041
4. Building Owner TRI BOROUGH SCAFFOLD Address 131-02 40TH ROAD
5. City QUEENS State NY Zip 11354 Contact Person JARED BOHER AGENT
6. Tel. # (718) 886-1300 Fax # _____ Email _____
7. Description of the Entire Scope of Work
FILE INSTALLATION OF PIPE SCAFFOLD AT FACADE ONLY. PHOTO'S.

8. I, RICHARD MURDISON, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

09/05/2013 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: 550 sq. ft 1632 linear ft.
Specify locations (attach additional documents as necessary):
FACADE MORTAR 550SF, FACADE CAULKING 1632 LINEAR FEET.
- ☐ 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
OSP	FACADE	MORTAR 556SF	0	Yes	Yes
OSP	FACADE	CAULKING 1632 LINEAR FEET	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 61090 Company Name Allied Asbestos Services LLC

I hereby declare the information provided herein is true and complete

RICHARD MURDISON9/5/20131140155/15/2015

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (516) 984-4315 Fax # (516) 823-9140 Email rmurdison@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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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