



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: 4148187**

2. Premise No. 197-17 Street Name HIAWATHA AVE Borough Queens Zip 11423

3. AKA _____ Type of Facility Other BIN 4231582 Block 10828 Lot 0042

4. Building Owner UNJE PATRICIA Address 197-17 HIAWATHA AVENUE

5. City QUEENS State NY Zip 11423 Contact Person UNJE PATRICIA

6. Tel. # (917) 217-4460 Fax # _____ Email _____

7. Description of the Entire Scope of Work
INTERIOR RENOVATION AND INSTALLATION OF FRONT YARD BALCONY.

8. I, MD ASHRAF ALI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

09/15/2014 *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. 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
CELLAR, FL 01 & 02, ATTIC	ENTIRE	SHEETROCK AND PLASTER MATERIALS	4	No	No

10. ANALYTICAL LABORATORY:

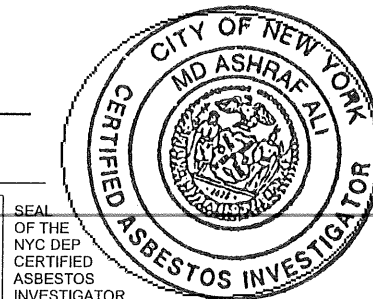
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ATLAS ENVIRONMENTAL LAB CORP	11999	9/17/2014

I hereby declare the information provided herein is true and complete

MD ASHRAF ALI 9/26/2014 119372 6/10/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 423-5730 Fax # (212) 423-5731 Email abid265@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.





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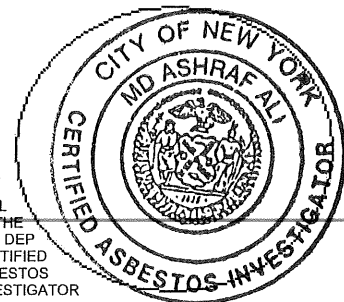
11. NYS DOL Asbestos Handling license # 62932 Company Name Architechtrual Design Solution

I hereby declare the information provided herein is true and complete

<u>MD ASHRAF ALI</u>	<u>9/26/2014</u>	<u>119372</u>	<u>6/10/2015</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date
Tel. # (212) 423-5730 Fax # (212) 423-5731 Email <u>abid265@gmail.com</u>			

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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