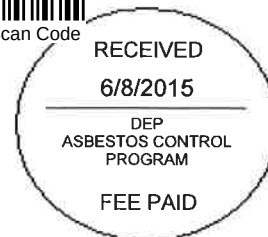




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4187667**

2. Premise No. 143-56 Street Name Franklin Ave Borough Queens Zip 11355

3. AKA _____ Type of Facility Residence BIN 4117115 Block 05184 Lot 0022

4. Building Owner QIN LI Address 143-56 Franklin Ave

5. City Queens State NY Zip 11355 Contact Person QIN LI

6. Tel. # (843) 337-8587 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Proposed interior renovation work at basement, 1FL, 2FL. Partition work and plumbing work.

8. I, KENG LEE SO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

05/26/2015 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: 1600 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Basement, 1FL Floor-Vinyl tiles

☐ 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
Basement, 1FL, 2FL	Partition	Sheetrock	3	No	
Basement, 1FL	Floor	Vinyl tiles	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	6/5/2015

I hereby declare the information provided herein is true and complete

KENG LEE SO 6/8/2015 122303 10/2/2015
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 968-5925 Fax # _____ Email ks asbestosafe@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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



25197866



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



11. NYS DOL Asbestos Handling license # 59538 Company Name KS Asbestosafe, Inc.

I hereby declare the information provided herein is true and complete

<u>KENG LEE SO</u>	<u>6/8/2015</u>	<u>122303</u>	<u>10/2/2015</u>
<i>DEP Certified Asbestos Investigator's Signature</i>	<i>Date</i>	<i>Certificate Number</i>	<i>Expiration Date</i>
Tel. # <u>(917) 968-5925</u> Fax # _____ Email <u>ks_asbestosafe@yahoo.com</u>			

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