



Job Number



Scan Code

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT

RECEIVED

8/4/2015

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

1. NYC DOB Job # (if applicable) _____

Control Number: 4197477

2. Premise No. 109-15 Street Name QUEENS BOULEVARD Borough Queens Zip 113753. AKA _____ Type of Facility Residence BIN 4052429 Block 02226 Lot 00014. Building Owner MORLEY KAYE, AS EXECU Address 109-15 QUEENS BOULEVARD5. City Queens State NY Zip 11375 Contact Person RAGHBIR SINGH6. Tel. # 7188474900 Fax # _____ Email totalny.construction@gmail.com

7. Description of the Entire Scope of Work

PROPOSED FACADE REPAIR WORK ON THE EXTERIOR FACADE OF THE BUILDIN8. I, RAMANI MARIAPPAN, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

08/04/2015 11:00AM-12:00PM 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
CEL,001-006,ROF	EXTERIOR FAÇADE OF THE BUILDING	NO SUSPECTED ACM	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 # 73121 Company Name Royal Builders Group, Inc.

I hereby declare the information provided herein is true and complete

RAMANI MARIAPPAN RS Mariya 8/4/2015 131224 9/25/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration DateTel. # (347) 255-9002 Fax # _____ Email priya@royalgroupny.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
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

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