



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: 4237286**

2. Premise No. 89-32 Street Name 146 Street Borough Queens Zip 11435

3. AKA _____ Type of Facility Other BIN 4206720 Block 09675 Lot 0021

4. Building Owner Avicenna Construction INC Address 3 Terrace Ave

5. City Elmont State NY Zip 11003 Contact Person Javeed Tariq

6. Tel. # (516) 668-0462 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Brick Replacement As Per Plan

8. I, LON RIGG, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
04/10/2016 11:00AM-11:30AM 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 250 linear ft.
 Specify locations (attach additional documents as necessary):
Façade- Caulking- 250LF

☐ 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
2	Facade	Mortar	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
JLC ENVIRONMENTAL CONSULTANTS	11029	4/13/2016

11. NYS DOL Asbestos Handling license # 56080 Company Name Avi Jay, Inc.

I hereby declare the information provided herein is true and complete

LON RIGG 4/14/2016 117148 11/28/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 771-7689 Fax # (914) 663-5149

Email lrigg60@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.



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



25249143