



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: 4249604**

2. Premise No. 37-51 Street Name 86 Street Borough Queens Zip 11372

3. AKA _____ Type of Facility Residence BIN 4036260 Block 01474 Lot 0047

4. Building Owner Futura Builders Group INC Address 116-17 Sutphin Blvd

5. City Jamaica State NY Zip 11434 Contact Person Zubeer Sheikh

6. Tel. # (718) 424-4760 Fax # _____ Email _____

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

8. I, LON RIGG, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator

06/12/2016 3:00PM-3:30PM _____ 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: 5000 sq. ft _____ linear ft.
 Specify locations (attach additional documents as necessary):
Roof -Roof Membrane, & Flashing- 5000SF
- ☐ 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
Roof	Bulkhead	Mortar	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
JLC ENVIRONMENTAL CONSULTANTS	11029	6/14/2016

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 6/28/2016 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



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