



**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: 4256180**  
2. Premise No. 164-22 Street Name 73 Ave Borough Queens Zip 11366  
3. AKA \_\_\_\_\_ Type of Facility Residence BIN 4150756 Block 06965 Lot 0038  
4. Building Owner LEE, MAGGIE Address 164-22 73 Ave  
5. City Queens State NY Zip 11366 Contact Person LEE, MAGGIE  
6. Tel. # (917) 650-9008 Fax # \_\_\_\_\_ Email \_\_\_\_\_  
7. Description of the Entire Scope of Work  
Installation of interior stair and plumbing fixtures in cellar.

8. I, KENG LEE SO, have conducted an asbestos investigation on  
*Name of Certified Asbestos Investigator*  
07/25/2016 1:00PM-1:30PM 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: \_\_\_\_\_ 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, 1FL | Partition                 | Sheetrock                                           | 3                          | No               |             |

**10. ANALYTICAL LABORATORY:**

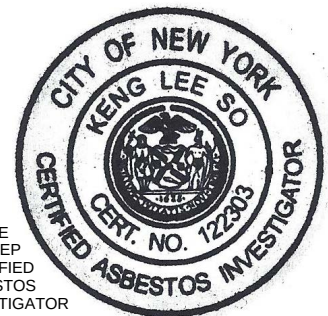
| NAME       | ELAP # (NYS DOH CERTIFICATION) | DATE(S) SAMPLES ANALYZED |
|------------|--------------------------------|--------------------------|
| Cardno ATC | 10879                          | 8/5/2016                 |

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

**I hereby declare the information provided herein is true and complete**

KENG LEE SO 8/5/2016 122303 10/2/2017  
*DEP Certified Asbestos Investigator's Signature* *Date* *Certificate Number* *Expiration Date*  
Tel. # (917) 968-5925 Fax # \_\_\_\_\_  
Email ks\_asbestosafe@yahoo.com

SEAL OF THE  
NYC DEP  
CERTIFIED  
ASBESTOS  
INVESTIGATOR



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

