



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: 4285267**

2. Premise No. 32-34 Street Name 96th St Borough Queens Zip 11369

3. AKA _____ Type of Facility Residence BIN 4034941 Block 01425 Lot 0023

4. Building Owner Xin Tao Zheng Address 32-34 96 street

5. City Queens State NY Zip 11369 Contact Person Xin Tao Zheng

6. Tel. # (917) 330-6617 Fax # _____ Email _____

7. Description of the Entire Scope of Work
floor of work: OSP, Basement, 1st and 2nd floors
Interior renovation in existing house, minor plumbing work and minor partition. No change in occupancy, egress and use in this application

8. I, SAMUEL CHOI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
02/07/2017 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
Basement	entire floor	Plaster	1	No	No
1st fl	entire floor	Plaster	2	No	No
2nd fl	Entire floor	Plaster	2	No	No

I hereby declare the information provided herein is true and complete

SAMUEL CHOI 2/9/2017 146084 10/13/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 215-2704 Fax # _____

Email schoi.decmoss@gmail.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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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab	11999	2/8/2017

11. NYS DOL Asbestos Handling license # 97591 Company Name DECM One Stop Solutions, LLC

I hereby declare the information provided herein is true and complete

SAMUEL CHOI 2/9/2017 146084 10/13/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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