



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: 4295672**
2. Premise No. 75-28 Street Name Queens Blvd. Borough Queens Zip 11373
3. AKA _____ Type of Facility Commercial BIN 4056450 Block 02450 Lot 0001
4. Building Owner Kevin Tapalaga Address 1745 Broadway, Suite 1774
5. City New York State NY Zip 10019 Contact Person Kevin Tapalaga
6. Tel. # (646) 613-8161 Fax # (646) 452-4213 Email KTapalaga@tvvgpartners.com
7. Description of the Entire Scope of Work
Pre-Demolition Asbestos Survey

8. I, RUDOLPH LIPINSKI IV, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
04/14/2017 7:00AM-8:00AM 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
1st Floor and Roof	Entire Building	Visual Inspection of Previously Sampled Materials. Abatement of Identified ACM Materials Completed. TRU# TRU0262QN17	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

RUDOLPH LIPINSKI IV 4/17/2017 117609 1/1/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (845) 298-6031 Fax # (845) 298-6251
Email rlipinski@qualityenv.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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11. NYS DOL Asbestos Handling license # 29085 Company Name Quality Environmental Solutions & Technologies, Inc

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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