



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Control Number: **4351726**

1. NYC DOB Job # (if applicable) _____
2. Premise No. 48-02 Street Name 43rd Street Borough Queens Zip 11377
3. AKA _____ Type of Facility Residence BIN 4430646 Block 00178 Lot 0025
4. Building Owner Celtic Park Owners Address 48-10 43rd Street
5. City Woodside State NY Zip 11377 Contact Person Charles Herzog
6. Tel. # (718) 784-1823 Fax # _____ Email celticparksecretary@aol.com

7. Description of the Entire Scope of Work

REPAIR TO MASONRY FACADE. REPOINTING, REPAIR BRICK CRACKS, STONE JOINTS, LINTELS, ETC.. ALL AS PER PLANS

8. I, ELISHA GEIGER, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

07/21/2017 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 _____ 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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Facade	1 to 7	Exterior Walls	Brick Mortar Joints	2	No	No
Facade	1 to 7	Parapet Walls	Coping Stone Bed Joints	2	No	No

10. ANALYTICAL LABORATORY:

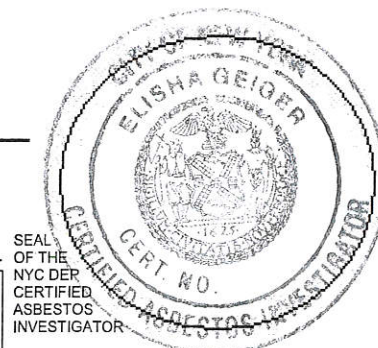
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc	11506	11/21/2017

I hereby declare the information provided herein is true and complete

ELISHA GEIGER 11/22/2017 113224 3/10/2019
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (212) 349-8281 Fax # _____

Email geigerengineering@yahoo.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, 40 CFR 763.80, 40 CFR 763.85.

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



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11. NYS DOL Asbestos Handling license # 42829 Company Name Geiger Engineering, P.C.

I hereby declare the information provided herein is true and complete

<u>ELISHA GEIGER</u>	<u>11/22/2017</u>	<u>113224</u>	<u>3/10/2019</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (212) 349-8281 Fax # _____

Email geigerengineering@yahoo.com

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