



**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: 4380611**

2. Premise No. 72-10 Street Name 41 ave Borough Queens Zip 11377

3. AKA \_\_\_\_\_ Type of Facility Residence BIN 4030658 Block 01312 Lot 0010  
Massachusetts leasing limited

4. Building Owner partnership Address 7210 41 ave

5. City Woodside State NY Zip 11372 Contact Person Winston

6. Tel. # (212) 634-6487 Fax # \_\_\_\_\_ Email \_\_\_\_\_

7. Description of the Entire Scope of Work  
interior renovation of apt 5 k. no window work

8. I, JONATHAN BILLUPS, have conducted an asbestos investigation on  
*Name of Certified Asbestos Investigator*  
01/25/2018 4:00PM-5:00PM 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:**

| LOCATION        | FLOOR NUMBER | DESCRIBE SECTION OF FLOOR | ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED | NUMBER OF SAMPLES ANALYZED | ASBESTOS PRESENT | ASSUMED ACM |
|-----------------|--------------|---------------------------|-----------------------------------------------------|----------------------------|------------------|-------------|
| Building Floors | 5            | apt 5K                    | Plaster                                             | 5                          | No               | No          |

**10. ANALYTICAL LABORATORY:**

| NAME                              | ELAP # (NYS DOH CERTIFICATION) | DATE(S) SAMPLES ANALYZED |
|-----------------------------------|--------------------------------|--------------------------|
| jlc environmental Consultants Inc | 11029                          | 1/29/2018                |

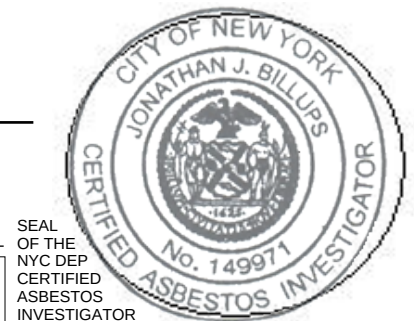
11. NYS DOL Asbestos Handling license # 97679 Company Name Master Restorations Inc

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

JONATHAN BILLUPS 1/29/2018 149971 2/10/2020  
*DEP Certified Asbestos Investigator's Signature* *Date* *Certificate Number* *Expiration Date*

Tel. # (347) 961-4907 Fax # \_\_\_\_\_

Email jonathan.billups29@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, 40 CFR 763.80, 40 CFR 763.85.

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

