



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: 4384639**
2. Premise No. 42-18 Street Name 104 Street Borough Queens Zip 11368
42-16 - 42-20 104
3. AKA Street/102-57 - 102-63 Type of Facility Residence BIN 4449606 Block 01977 Lot 0032
43 Avenue
4. Building Owner KDS Associates Inc Address 85-16 264 Street
5. City Floral Park State NY Zip 11001 Contact Person Access Walter
6. Tel. # (718) 514-1147 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Replace gas boiler (NYC Boiler # MD947564-01)

8. I, PHILIP TANELLA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
02/21/2018 7:45AM-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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Cellar		Boiler room	Concrete wall	2	No	No
Cellar		Boiler room	Concrete over brick chimney breaching around flue pipe at chimney wall	2	No	No

I hereby declare the information provided herein is true and complete

PHILIP TANELLA 2/26/2018 113080 2/11/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 227-7244 Fax # (718) 227-7244

Email pmt1669@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.



SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR

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
AmeriSci New York	11480	2/24/2018

11. NYS DOL Asbestos Handling license # 59193 Company Name A Plus Asbestos Investigation, Inc.

I hereby declare the information provided herein is true and complete

PHILIP TANELLA 2/26/2018 113080 2/11/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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