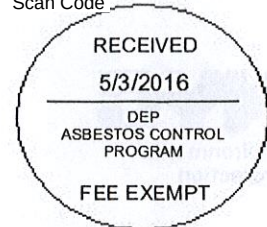




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4240292**

2. Premise No. 38 Street Name Graham Place Borough Queens Zip 11697

3. AKA _____ Type of Facility Residence BIN 4467056 Block 16350 Lot 0400

4. Building Owner Bruce Robertson Address 38 Graham Place

5. City Queens State NY Zip 11697 Contact Person Bruce Robertson

6. Tel. # (646) 434-4639 Fax # _____ Email _____

7. Description of the Entire Scope of Work
House to be elevated.

8. I, ORVILLE TAYLOR, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
01/22/2016 10:30AM-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
Exterior, 1st, 2nd	Entire	1st floor sheetrock, 2nd floor deck material.	4	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab Corp.	11999	1/27/2016

I hereby declare the information provided herein is true and complete

ORVILLE TAYLOR 5/3/2016 127635 5/11/2017
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (212) 564-9062 Fax # _____

Email taylor_4@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.

Is it a Build-It-Back project? ☒ Yes, App ID # App-007356 ☐ No





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
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ASBESTOS ASSESSMENT REPORT



11. NYS DOL Asbestos Handling license # 28781 Company Name Executive Safety & Health Consultants, Inc

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ACM ASSUMED
Basement	Basement floor	Basement floor	1	No	No

NAME	ELAP # (last 4 digits)	DATE(S) SAMPLES ANALYZED
Orville R Taylor	127635	5/3/2016

I hereby declare the information provided herein is true and complete

ORVILLE TAYLOR 5/3/2016 127635 5/11/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (212) 564-9062 Fax #
Email tailor_4@yahoo.com

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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Is it a Build-It-Back project? ☒ Yes, App ID # App-007356 ☐ No



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