



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: 4433676**

2. Premise No. 25-50 Street Name 34th st Borough Queens Zip 11103

3. AKA _____ Type of Facility Residence BIN 4009307 Block 00631 Lot 0050

4. Building Owner CHRISTOS KALETSIS Address 25-50 34TH STREET

5. City ASTORIA State NY Zip 11103 Contact Person CHRISTOS KALETSIS

6. Tel. # (718) 755-9967 Fax # _____ Email _____

7. Description of the Entire Scope of Work

CELLAR RENOVATION: SELECTIVE DEMOLITION OF NON-BEARING PARTITIONS, REMOVAL OF EXISTING FINISHES, INSTALLATION OF NEW FINISHES, NEW LIGHT FIXTURES, RELOCATE AND REPLACE BOILER, RELOCATE WASHER/DRYER, NEW MECHANICAL EQUIPMENT. NO CHANGE IN USE, EGRESS OR OCCUPANCY

8. I, JIN LEE, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

06/08/2018 4:30PM-4:45PM

Date(s)

in accordance

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		WINDOW SILL CONCRETE WALL ON CELLAR	CEMENT	1	No	No
Cellar		FLOOR ON CELLAR	CONCRETE	2	No	No
Cellar		WALL FINISH ON FOUNDATION WALL ON CELLAR	PLASTER	2	No	No

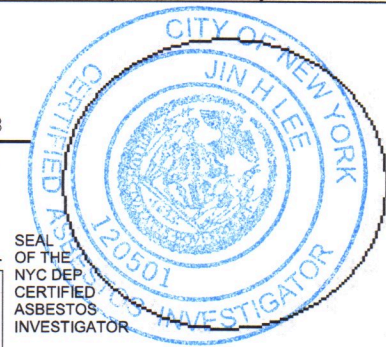
I hereby declare the information provided herein is true and complete

JIN LEE 6/19/2018 120501 11/25/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 866-6402 Fax # (718) 888-9195

Email nycbcs@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



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Cellar		FLOOR ON CELLAR	CEMENT FLASHING	2	No	No
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
KAM CONSULTANTS	11273	6/12/2018

11. NYS DOL Asbestos Handling license # 60236 Company Name NYC Building Consulting Service Inc.

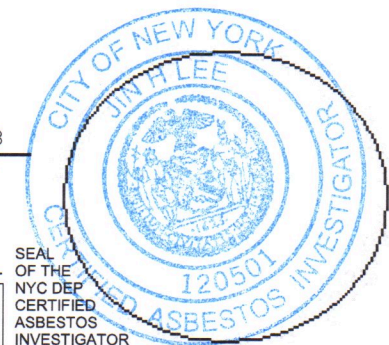
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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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