



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: 4462919**

2. Premise No. 116-23 Street Name Jamaica Avenue Borough Queens Zip 11418

3. AKA _____ Type of Facility Residence BIN 4193390 Block 09254 Lot 0015

4. Building Owner Narinder Singh Address 129-19 97 Avenue

5. City Queens State NY Zip 11419 Contact Person Satwant M.

6. Tel. # (646) 261-7938 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Installation of stucco as per plans. No change in use, egress or occupancy.

8. I, ROBERT COLQUHOUN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
08/11/2018 3:00PM-4:00PM 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	1 to 3	Exterior front wall	Stucco	3	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab	198.4	8/13/2018

11. NYS DOL Asbestos Handling license # 72943 Company Name Robert

I hereby declare the information provided herein is true and complete

ROBERT COLQUHOUN 8/13/2018 131788 2/20/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (347) 220-5152 Fax # _____
Email rcolqhoun2000@gmail.com



SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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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