



DEPT OF BLDGS 440517932

Job Number



ES595710488

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10/22/2018

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

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: 4493870

2. Premise No. 65-19 Street Name 166TH STREET Borough Queens Zip 113653. AKA _____ Type of Facility _____ BIN 4149164 Block 06907 Lot 00264. Building Owner TONG LIN Address 65-19 166TH STREET, 1ST FLOOR5. City FRESH MEADOWS State NY Zip 11365 Contact Person TONG LIN6. Tel. # (718) 969-9698 Fax # _____ Email _____

7. Description of the Entire Scope of Work

FILING APPLICATION FOR PARTIAL RENOVATION AND ALTERATION TO FIRST FLOOR AND CELLAR DUPLEX UNIT WITHIN AN EXISTING 2 FAMILY RESIDENTIAL BUILDING AS SHOWN ON PLANS FILED HEREWITH, ALL WORK IS INTERIOR, NO EXTERIOR WORK IS PROPOSED ON THIS APPLICATION. NO CHANGE TO USE EGRESS OR OCCUPANCY IS PROPOSED

8. I, ILIAS GKIOUSAS, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

10/08/2018 8:00AM-9:00AM, 10/19/2018 8:00AM-8:30AM 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		throughout	gypsum board compound	3	No	No
Building Floors	1	throughout Apt	wall/ceiling plaster	5	No	No

I hereby declare the information provided herein is true and complete

ILIAS GKIOUSAS10/22/20181465897/19/2019

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (347) 381-9380 Fax # _____Email environmentaleli@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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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Alpha Labs LLC	11833	10/11/2018

11. NYS DOL Asbestos Handling license # 101236 Company Name Eli Environmental, Inc.

I hereby declare the information provided herein is true and complete

ILIAS GKIOUSAS10/22/20181465897/19/2019

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (347) 381-9380 Fax # _____Email environmentaleli@gmail.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

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