



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: 4491962**

2. Premise No. 98-15 Street Name Horace Harding Expy Borough Queens Zip 11368

3. AKA _____ Type of Facility Residence BIN 4047332 Block 01918 Lot 0097
Lefrak city maintenance

4. Building Owner service Address 98-15 Horace Ha. Expy

5. City Queens State NY Zip 11368 Contact Person Labinot

6. Tel. # (718) 575-4972 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Interior renovation of apt 14L and new partitions walls, doors as per plan, no window work

8. I, JONATHAN BILLUPS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/09/2018 9:30AM-10:00AM 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: 1000 sq. ft 10 linear ft.
Specify locations (attach additional documents as necessary):
Apt 14L- floor tile and mastic 1000 sf and 10 lf of pipe insulation behind the wall
- ☐ 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	14	Apt 14L	floor tile and mastic, pipe insulation behind wall	0	Yes	Yes
Building Floors	14	Apt 14 L	Plaster	7	No	No
Building Floors	14	Apt 14 L	Grout	2	No	No

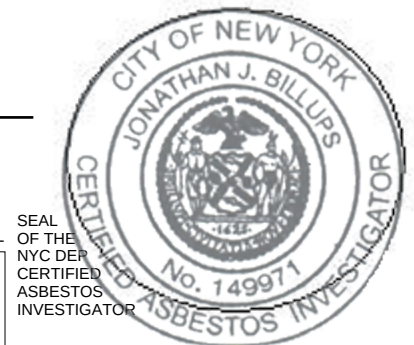
I hereby declare the information provided herein is true and complete

JONATHAN BILLUPS 10/10/2018 149971 2/10/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 258-2189 Fax # _____

Email masterinspections01@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
Metro Analytical Laboratories	12003	10/9/2018

11. NYS DOL Asbestos Handling license # 97679 Company Name Master Restorations Inc

I hereby declare the information provided herein is true and complete

JONATHAN BILLUPS 10/10/2018 149971 2/10/2020
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Tel. # (914) 258-2189 Fax # _____

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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