



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: 4481304**
2. Premise No. 37-27 Street Name 10th St Borough Queens Zip 11101
3. AKA _____ Type of Facility Commercial BIN 4463923 Block 00360 Lot 0009
4. Building Owner Carlo Bordone Address 38-38 13th. St
5. City Queens State NY Zip 11101 Contact Person Carlo Bordone
6. Tel. # (718) 361-0603 Fax # _____ Email _____

7. Description of the Entire Scope of Work

1. Install a new sprinkler system. We will tap into existing pipes that are in the space.
2. Install a new fire command / alarm system in the space.
3. Change the old light fixtures to LED lighting.
4. Paint the existing walls and floors.
5. Install two (2) skylights on roof

8. I, MICHAL KOSCINSKI, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

10/04/2018 8:00AM-10:00AM

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
Roof		Main Roof	Roof Vapor Barrier	2	No	No
Roof		Main Roof	Roof Membrane	2	No	No
Mezzanine		Mezzanine Level near staircase	Cinderblock Mortar	2	No	No

I hereby declare the information provided herein is true and complete

MICHAL KOSCINSKI

10/5/2018

148992

11/26/2019

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (718) 844-6646 Fax # _____

Email info@mkmenv.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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Mezzanine		Mezzanine Level near staircase	Drywall - Walls	3	No	No
Mezzanine		Mezzanine Level near staircase	Drywall compound - walls	3	No	No
Ground Floor		Central room	Drywall - Walls	3	No	No
Ground Floor		Central Room	Drywall Compound - Walls	3	No	No
Ground Floor		Central Room	Cinderblock Mortar	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Laboratory Testing Services	10955	10/4/2018

11. NYS DOL Asbestos Handling license # 111758 Company Name MKM Environmental Consulting LLC

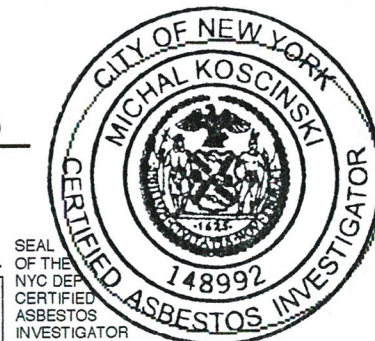
I hereby declare the information provided herein is true and complete

MICHAL KOSCINSKI 10/5/2018 148992 11/26/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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