



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: 4525239**

2. Premise No. 80-15 Street Name 41st Avenue Borough Queens Zip 11373

3. AKA _____ Type of Facility Residence BIN 4036854 Block 01491 Lot 0021

4. Building Owner King George Apts. Address 80-15 41st Ave. Suite 106

5. City Elmhurst State NY Zip 11373 Contact Person Alfonzo Vasquez

6. Tel. # (718) 216-3584 Fax # _____ Email _____

7. Work Type General Construction

Description of the Entire Scope of Work

No additional removal will take place on the roof. A new roof was installed in the center of the building where a fire occurred. Asbestos is present in the old section of the roof. The installation of the new section of roof was conducted by a licensed asbestos abatement roofer. All building materials other than metal, glass or wood should be sampled prior to being disturbed.

8. I, JASON SHORR, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
01/02/2019 1:30PM-2:30PM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ 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: 0 sq. ft 0 linear ft.
- ☐ d. entire building is free of asbestos containing material (ACM).

I hereby declare the information provided herein is true and complete

JASON SHORR 1/8/2019 132284 3/2/2020
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (718) 757-1805 Fax # _____

Email Jshorr@jsheld.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.



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



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9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Roof	Center of roof over apartments 717, 719, 721, 723 and 725.	Roofing Material- Entire Old Roof	0	Yes	No	35000		Yes	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 106518 Company Name J.S. Held LLC

12. Comment

I hereby declare the information provided herein is true and complete

JASON SHORR 1/8/2019 132284 3/2/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 757-1805 Fax # _____

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