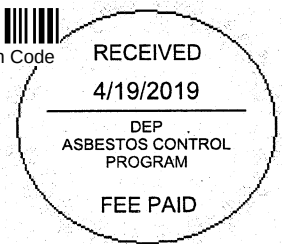




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4570798**

2. Premise No. 45 Street Name Ocean Ave. Borough Queens Zip 11697

3. AKA _____ Type of Facility Residence BIN 4465508 Block 16350 Lot 0300

4. Building Owner Breezy Point Cooperative Inc. Address 202-30, Rockaway Point Blvd.

5. City Rockaway Pt. State NY Zip 11697 Contact Person Christopher Norton

6. Tel. # (718) 945-2300 Fax # _____ Email dobnow@breezypointcoop.org

7. Work Type General Construction

Description of the Entire Scope of Work
Proposed interior alterations.

8. I, MICHAEL BOGGI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
04/16/2019 1:45PM-3:00PM 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. 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: _____ sq. ft _____ linear ft.

☐ d. entire building is free of asbestos containing material (ACM).

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
Building Floors-1 to 2	Front of house	Concrete	3	No					

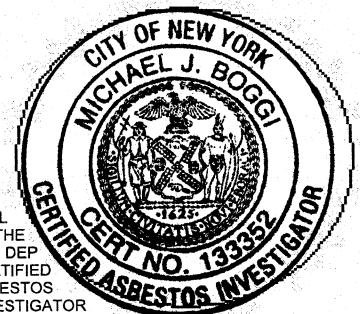
I hereby declare the information provided herein is true and complete

MICHAEL BOGGI 4/19/2019 133352 12/14/2019
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (973) 334-5641 Fax # _____

Email empireenviro@aol.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.

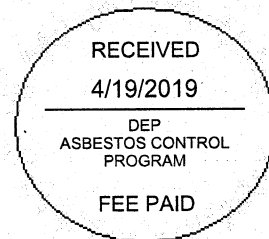


Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No





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ASBESTOS ASSESSMENT REPORT



Building Floors-1 to 2	Interior Side of Home	Wood	2	No					
Roof	Roof (Front, Side, Rear)	Roof Paper	3	No					

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci-NY	11480	4/18/2019

11. NYS DOL Asbestos Handling license # 29678 Company Name Empire Environmental, Ltd.

12. Comment

I hereby declare the information provided herein is true and complete

MICHAEL BOGGI 4/19/2019 133352 12/14/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (973) 334-5641 Fax #

Email empireenviro@aol.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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