



**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: 4570391**

2. Premise No. 41-11 Street Name 54 Street Borough Queens Zip 11377

3. AKA \_\_\_\_\_ Type of Facility Residence BIN 4030843 Block 01317 Lot 0077

4. Building Owner Konstantinos Diomataris Address 41-11 54 street

5. City Queens State NY Zip 11377 Contact Person Konstantinos Diomataris

6. Tel. # (917) 817-3409 Fax # \_\_\_\_\_ Email \_\_\_\_\_

7. Work Type General Construction

**Description of the Entire Scope of Work**

Replacement of window lintels as per plan. No change in use occupancy or egress under this application

8. I, JONATHAN BILLUPS, have conducted an asbestos investigation on  
*Name of Certified Asbestos Investigator*

04/12/2019 8:30AM-9:00AM 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. 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:**

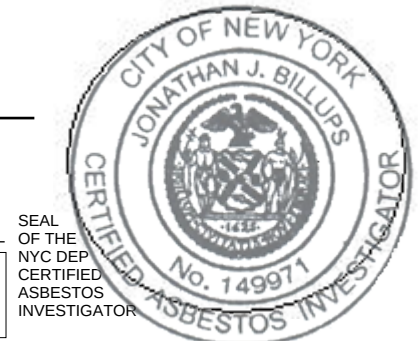
| Floor    | Section of Floor(s) Surveyed | Material Assumed to Contain ACM and/or Sampled | Number of Samples Analyzed | Asbestos Present | Assumed ACM | Square Feet | Linear Feet | Abated | Scope of Work Applied |
|----------|------------------------------|------------------------------------------------|----------------------------|------------------|-------------|-------------|-------------|--------|-----------------------|
| Facade-1 | Facade                       | Mortar                                         | 2                          | No               | No          |             |             |        |                       |
| Facade-1 | Facade                       | Caulking                                       | 2                          | No               | No          |             |             |        |                       |

**I hereby declare the information provided herein is true and complete**

JONATHAN BILLUPS 4/17/2019 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.

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                          | 4/13/2019                |
| Metro Analytical Laboratories | 12003                          | 4/14/2019                |

11. NYS DOL Asbestos Handling license # 113405 Company Name JJB Consultants Inc.

12. Comment

I hereby declare the information provided herein is true and complete

JONATHAN BILLUPS

4/17/2019

149971

2/10/2020

DEP Certified Asbestos Investigator's Signature

Date

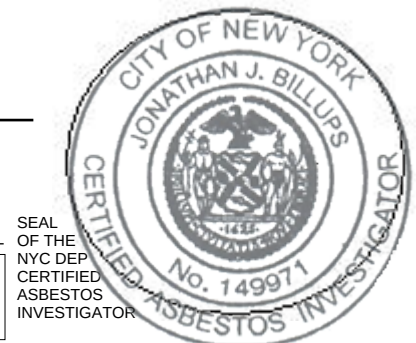
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