



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: 4686570**
 2. Premise No. 3 Street Name Hill Ct Borough Queens Zip 11357
 3. AKA _____ Type of Facility Residence BIN 4101209 Block 04437 Lot 0056
 4. Building Owner George Eliou Address 3 Hill Ct.
 5. City Whitestone State NY Zip 11357 Contact Person George Eliou
 6. Tel. # (917) 807-9075 Fax # _____ Email Geliou@steelguys.net
 7. Work Type General Construction

Description of the Entire Scope of Work

Interior/Exterior renovation to include partition changes, Install plumbing fixtures, new siding and entry portico.

8. I, JAMES BOOTH, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
01/14/2020 10:00AM-11:00AM 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

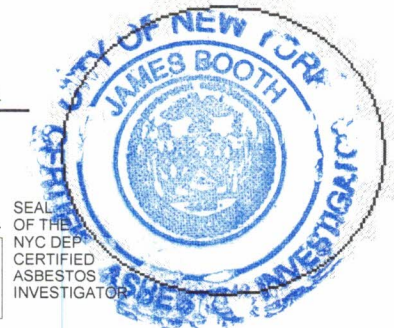
- ☒ a. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
☐ b. premise (or portions thereof) affected by the work contains 10 square feet or less or 25 linear feet or less of ACM. Specify 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
Outside Space	Exterior stucco	stucco	2	No	No				a
Roof	roof	roofing shingles	1	No	No				a

I hereby declare the information provided herein is true and complete

JAMES BOOTH 3/4/2020 116370 10/28/2021
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
 Tel. # (516) 741-1777 Fax # _____
 Email asbestosjimmy@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





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



Building Floors-1 to 1	closet wall	sheet rock	1	No	No				a
Building Floors-1 to 1	Hallway	sheet rock	1	No	No				a
Crawlspace	crawlspace	Insulation	2	No	No				a
Building Floors-1 to 1	open living area	sheet rock	1	No	No				a
Building Floors-1 to 1	Kitchen	sheet rock	1	No	No				a
Attic	Attic	Insulation	2	No	No				a

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11469	1/15/2020

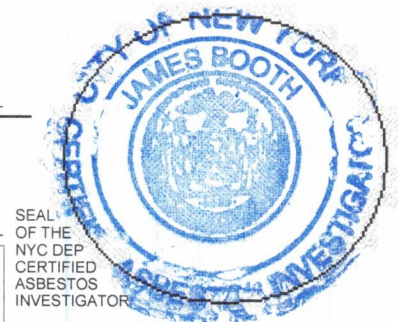
11. NYS DOL Asbestos Handling license # 102326 Company Name Kara Restoration Corp.

12. Comment

I hereby declare the information provided herein is true and complete

JAMES BOOTH 3/4/2020 116370 10/28/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (516) 741-1777 Fax # _____
Email asbestosjimmy@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



25688043