



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: 4750241**
2. Premise No. 166-06 Street Name 29th Avenue Borough Queens Zip 11358
3. AKA _____ Type of Facility Residence BIN 4111362 Block 04920 Lot 0003
4. Building Owner Louis Pitsikoulis Address 166-06 29th Street
5. City Queens State NY Zip 11358 Contact Person Panos Vikatos
6. Tel. # (646) 244-0717 Fax # _____ Email panosvikatos@gmail.com
7. Work Type General Construction

Description of the Entire Scope of Work

New porch at rear of existing two story, two family building. No change in bulk, use or occupancy.

8. I, ANA MACIO, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
07/23/2020 2:45PM-3:45PM 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 1	Rear Wall/ Window	Tar	2	Yes	No	10		No	b

I have advised the Owner / owner's representative / client that the minor project amounts of the confirmed or presumed ACMs shall need to be abated by a NYS DOL Licensed Asbestos Abatement Contractor, and disposed of as asbestos-containing wastes, prior to conducting this renovation project.

I hereby declare the information provided herein is true and complete

ANA MACIO 7/30/2020 149531 1/26/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 307-5517 Fax # _____

Email ana@avmenvironmental.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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Building Floors-1 to 1	Rear Wall	Brick	2	No	No				
Building Floors-1 to 1	Rear Wall	Mortar	2	No	No				
Building Floors-1 to 1	Rear Wall	Drywall	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
JLC Environmental Consultants, Inc.	11029	7/25/2020
Asbestos Analytical Lab	11938	7/26/2020

11. NYS DOL Asbestos Handling license # 112205 Company Name AVM Environmental Inc

12. Comment

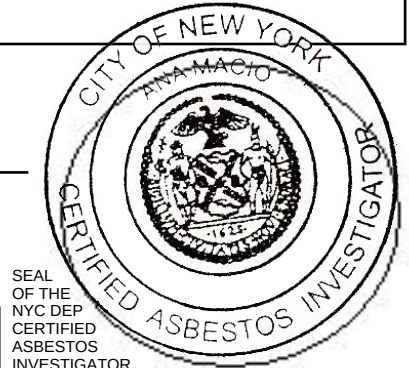
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