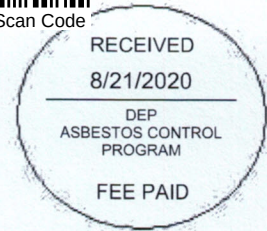




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4752878**

2. Premise No. 43-47 Street Name 44 Street Borough Queens Zip 11104

3. AKA _____ Type of Facility Residence BIN 4001904 Block 00161 Lot 0006

4. Building Owner ALEKSEY YADGAROV Address 10221 63RD DRIVE

5. City Queens State NY Zip 11375 Contact Person Ecoplus

6. Tel. # (212) 203-3373 Fax # _____ Email _____

7. Work Type General Construction

Description of the Entire Scope of Work

INTERIOR RENOVATION OF EXISTING APARTMENTS ON 2 & 3 FLOOR PER PLAN. NO CHANGES TO USE, EGRESS OR OCCUPANCY.

8. I, ROBERT COLQUHOUN, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
08/13/2020 1:00PM-2:00PM 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-2 to 2	Ceiling, Living-room Wall	Plaster	4	No	No				

I hereby declare the information provided herein is true and complete

ROBERT COLQUHOUN 8/21/2020 131788 2/20/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (347) 220-5152 Fax # _____
Email rcolquhoun2000@gmail.com

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



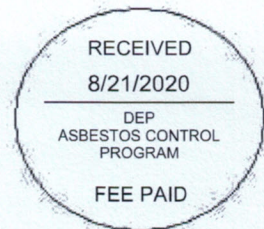
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a 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-3 to 3	Ceiling, Bedroom Wall, Kitchen Wall, Hallway	Plaster	5	No	No				
Building Floors-2 to 2	Ceiling, Kitchen Wall, Living-room Wall	Sheetrock	3	No	No				
Building Floors-2 to 3	Living-room Flooring	Vinyl Tiles	4	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Saban Engineering Group...	198.1.	8/19/2020

11. NYS DOL Asbestos Handling license # 72943 Company Name Robert

12. Comment

I hereby declare the information provided herein is true and complete

ROBERT R COLOUGHOUN 8/21/2020 131788 2/20/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (347) 220-5152 Fax # _____
Email rcolquhoun2000@gmail.com

SEAL
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NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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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