



**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: 4466900**
2. Premise No. 71-19 Street Name Calamus Ave Borough Queens Zip 11377
3. AKA \_\_\_\_\_ Type of Facility Residence BIN 4056574 Block 02460 Lot 0041
4. Building Owner 7119 INC. Address 71-19 Calamus Ave
5. City Queens State NY Zip 11377 Contact Person Mike Mei
6. Tel. # (917) 626-2798 Fax # \_\_\_\_\_ Email \_\_\_\_\_
7. Description of the Entire Scope of Work  
Proposed horizontal enlargement of existing 2 story brick building. Convert from one to two family dwelling. Request a new certificate of occupancy.

8. I, YINGYU KUANG, have conducted an asbestos investigation on  
*Name of Certified Asbestos Investigator*  
09/03/2018 11:00AM-11:30AM 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. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).
- ☐ 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: 700 sq. ft \_\_\_\_\_ linear ft.  
Specify locations (attach additional documents as necessary):  
Roof - Roofing Membrane / Flashing (700SF)
- ☐ d. entire building is free of asbestos containing material (ACM).

**9. RESULTS OF ASBESTOS BUILDING SURVEY:**

| LOCATION        | FLOOR NUMBER | DESCRIBE SECTION OF FLOOR        | ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED | NUMBER OF SAMPLES ANALYZED | ASBESTOS PRESENT | ASSUMED ACM |
|-----------------|--------------|----------------------------------|-----------------------------------------------------|----------------------------|------------------|-------------|
| Cellar          |              | Partition                        | Sheetrock                                           | 1                          | No               |             |
| Building Floors | 1 to 2       | Partition                        | Sheetrock                                           | 2                          | No               |             |
| Building Floors | 1            | 1FL Kitchen                      | Linoleum                                            | 2                          | No               |             |
| Outside Space   |              | Rear Facade                      | Stucco                                              | 3                          | No               |             |
| Building Floors | 1 to 2       | 1FL Rear Window, 2FL Rear Window | Caulking                                            | 2                          | No               |             |

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

YINGYU KUANG 9/7/2018 150639 10/24/2020  
*DEP Certified Asbestos Investigator's Signature* *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 388-5207 Fax # \_\_\_\_\_

Email yingyu.kuang@hotmail.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, 40 CFR 763.80, 40 CFR 763.85.

SEAL OF THE  
NYC DEP  
CERTIFIED  
ASBESTOS  
INVESTIGATOR



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



25488156



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|      |  |      |                                                                                                 |   |     |     |
|------|--|------|-------------------------------------------------------------------------------------------------|---|-----|-----|
| Roof |  | Roof | Roofing membrane / flashing<br>(existing roof not disturb from<br>horizontal extension at rear) | 0 | Yes | Yes |
|------|--|------|-------------------------------------------------------------------------------------------------|---|-----|-----|

10. ANALYTICAL LABORATORY:

| NAME       | ELAP # (NYS DOH CERTIFICATION) | DATE(S) SAMPLES ANALYZED |
|------------|--------------------------------|--------------------------|
| Cardno ATC | 10879                          | 9/4/2018                 |

11. NYS DOL Asbestos Handling license # 111510 Company Name Protech Inspection LLC

I hereby declare the information provided herein is true and complete

YINGYU KUANG 9/7/2018 150639 8/24/2020  
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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