



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



Control Number: 4777926

1. NYC DOB Job # (if applicable) _____
2. Premise No. 72-05 Street Name ASTORIA BLVD Borough Queens Zip 11370
3. AKA _____ Type of Facility Commercial BIN 4021811 Block 01004 Lot 0052
4. Building Owner WESTWAY ASSOCIATES LL Address 72-05 ASTORIA BLVD
5. City QUEENS State NY Zip 11370 Contact Person ANDREW NESCI
6. Tel. # (201) 838-9569 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work
DECOMMISSION OF EXISTING CLEARWIRE TELECOM SITE. REMOVE ALL CLEARWIRE ANTENNAS AND EQUIPMENT FROM THE ROOF. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

8. I, RICHARD MURDISON, have conducted an asbestos investigation on _____ in accordance
Name of Certified Asbestos Investigator
08/28/2020 11:15AM-12:00PM 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: 14032 sq. ft 0 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
Roof	ROOF	TAR	0	Yes	Yes	3		No	b
Roof	ROOF	TAR	0	Yes	Yes	3197		No	c

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.

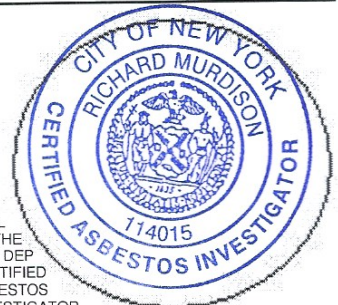
I hereby declare the information provided herein is true and complete

RICHARD MURDISON 10/2/2020 114015 5/15/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 984-4315 Fax # _____

Email rmurdison@aol.com

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR 114015



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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Facade-1 to 2	WALL	BRICK/MORTAR	0	Yes	Yes	2	No	b
Facade-1 to 2	WALL	BRICK MORTAR	0	Yes	Yes	9598	No	c
Basement	WALL	CEMENTITIOUS	0	Yes	Yes	1	No	b
Basement	WALL	CEMENTITIOUS	0	Yes	Yes	31	No	c
Roof	PARPAET WALL	CEMENTIOUS	0	Yes	Yes	960	No	c
Roof	PARPAET WALL	FLASHING	0	Yes	Yes	240	No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 61090 Company Name Allied Asbestos Services LLC

12. Comment

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