



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: 4765868**

2. Premise No. 140-20 Street Name Sanford Ave Borough Queens Zip 11355

3. AKA _____ Type of Facility Residence BIN 4443483 Block 05180 Lot 0022

4. Building Owner Liping Tao Address 140-20 Sanford Ave, Unit #2D

5. City Flushing State NY Zip 11355 Contact Person Linda Xu

6. Tel. # (646) 210-8585 Fax # _____ Email _____

7. Work Type PL Plumbing, General Construction

Description of the Entire Scope of Work

Interior alteration of the existing apartment, update kitchen, bathroom and interior finishes. Tape, spackle, patch and paint as required.

8. I, PAUL ATHINEOS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
09/04/2020 11:45AM-12:45PM 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:

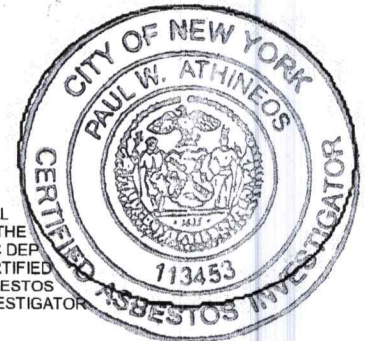
Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-2 to 2	Unit# 2D	Tile Grout	12	No	No				

I hereby declare the information provided herein is true and complete

PAUL ATHINEOS 9/17/2020 113453 2/28/2021
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 226-0096 Fax # _____

Email paul@architectsrule.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





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Building Floors-2 to 2	Unit# 2D	Caulking	2	No					
Building Floors-2 to 2	Unit# 2D	Plaster	3	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
NY Environmental	11510	9/15/2020

11. NYS DOL Asbestos Handling license # 70510 Company Name Architects' Rule, P.C.

12. Comment

Should any suspect friable material be encountered during construction or the scope of work change for any reason, contractor shall stop work immediately and notify investigator.

I hereby declare the information provided herein is true and complete

PAUL ATHINEOS

DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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