



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: 4778788**
2. Premise No. 26-31 Street Name 200th Street Borough Queens Zip 11360
3. AKA _____ Type of Facility Residence BIN 4132904 Block 05969 Lot 0049
4. Building Owner Dominic Jacino Address 26-31 200th Street
5. City Bayside State NY Zip 11360 Contact Person Dominic Jacino
6. Tel. # (917) 572-8977 Fax # _____ Email Djacino@yahoo.com
7. Work Type General Construction

Description of the Entire Scope of Work

Horizontal and vertical renovation of an existing one-family dwelling to a two-story plus attic. Relocate the kitchen, enlarge the bedroom, Plumbing, and enlarge the garage.

8. I, DONATUS ANIGBOGU, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
- 10/02/2020 9:00AM-10:45AM 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
Roof	Main and lower roof	Shingles	4	No	No				
Facade-1 to 1	Brick joints.	Mortar	3	No	No				

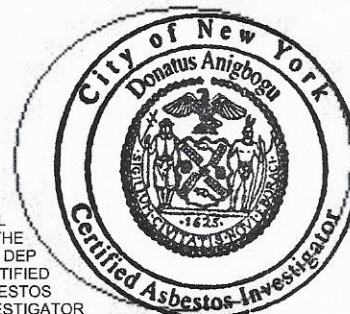
I hereby declare the information provided herein is true and complete

DONATUS ANIGBOGU 10/10/2020 118137 7/31/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (732) 422-0733 Fax # _____

Email eccorps@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





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Building Floors-1 to 2	Kitchen and bed room	Joint Compound	4	No	No				
Building Floors-1 to 2	Kitchen and bed room	Wall and ceiling plaster	8	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Hillmann's Laboratory	10926	10/6/2020
Hillmann's Laboratory	10926	10/7/2020

11. NYS DOL Asbestos Handling license # 80694 Company Name Environmental Corps Corporation

12. Comment

No suspect ACM materials were observed on the building rear windows as well as the garage window. The garage roof is similar to the main roof in color and texture. During the construction - extending the building, if any ACM suspect materials are encountered, all work must stop, and ABE called to inspect and take bulk samples of the uncovered suspect ACM.

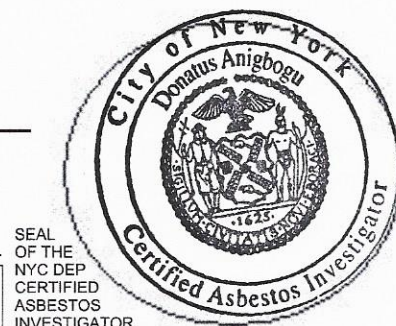
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