



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: 4799276
2. Premise No. 41-26 Street Name 73 Street Borough Queens Zip 11377
3. AKA _____ Type of Facility Residence BIN 4030666 Block 01312 Lot 0035
4. Building Owner Mohammed Waider Address 41-26 73 Street
5. City Queens State NY Zip 11377 Contact Person Tulsie S.
6. Tel. # (917) 226-2873 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

Exterior brick chimney repair as brick crack and brick repair replacement per plan. No change in use, egress or occupancy.

8. I, ROBERT COLQUHOUN, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
- 01/07/2021 9:00AM-9:45AM 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: 2600 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
Outside Space	Chimney	Brick Mortar	3	No	No				
Outside Space	Chimney	Flashing	3	No	No				

I hereby declare the information provided herein is true and complete

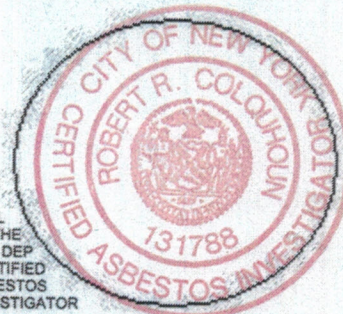
ROBERT COLQUHOUN 1/13/2021 131788 2/20/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 220-5152 Fax # _____

Email rcolquhoun2000@gmail.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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



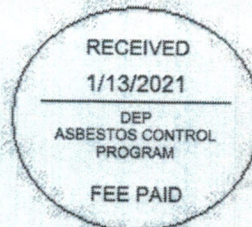
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Roof	Main Roof	Roofing Membrane	0	No	Yes	2600	No	c
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Lab.	198.1	1/11/2021

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

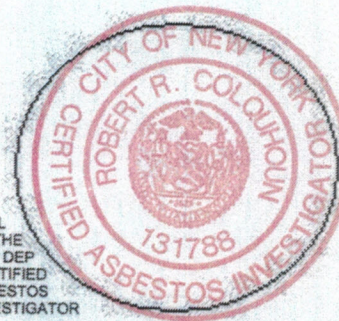
12. Comment

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