



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: 4812648**

2. Premise No. 158-14 Street Name NORTHERN BLVD Borough Queens Zip 11358

3. AKA _____ Type of Facility Commercial BIN 4119366 Block 05277 Lot 0025

4. Building Owner MEE S. HONG Address 158-14 NORTHERN BLVD. #LLA

5. City QUEENS State NY Zip 11358 Contact Person MEE S. HONG

6. Tel. # (646) 300-4931 Fax # (718) 463-2301 Email MEEHONG63@GMAIL.COM

7. Work Type General Construction

Description of the Entire Scope of Work

REMOVAL & INSTALLATION OF INTERIOR PARTITION WALLS, AND REPLACEMENT OF STOREFRONT

8. I, KENNY LEE, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator

01/25/2021 11:00AM-12:00PM 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
Cellar	EAST PORTION OF INTERIOR WALL	GYP. WALL BOARD	1	No	No				

I hereby declare the information provided herein is true and complete

KENNY LEE 2/16/2021 117960 4/5/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 463-2406 Fax # (718) 463-2301

Email kennyleearchitect@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.



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





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Cellar	MIDDLE PORTION OF INTERIOR WALL	GYP. WALL BOARD	1	No	No				
Cellar	WEST PORTION OF INTERIOR WALL	GYP. WALL BOARD	1	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Laboratory Testing Services	10955	2/10/2021

11. NYS DOL Asbestos Handling license # 62475 Company Name Korman Design & Build Corporation

12. Comment

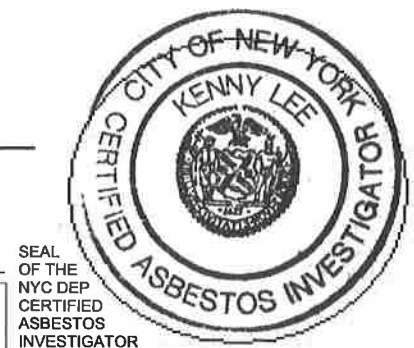
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