

**NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION****Asbestos Control Program**
59-17 Junction Boulevard, 8th Floor, Flushing, NY 113**ASBESTOS ASSESSMENT REPC**

FOR OFFICIAL USE ONLY



2. Premise No. 116 Street Name Sawyer Avenue Borough SI Zip 10314

3. AKA _____ Type of Facility Residential Bin 5010897 Block 377 Lot 315

4. Building Owner Jose Saenz Address 116 Sawyer Avenue

5. City SI State NY Zip 10314 Contact Person Jose Saenz

6. Tel. # 718-986-8250 Fax # N/A Email N/A

7. Description of the Entire Scope of Work Interior renovations with roof raise, curb cut & sidewalk

8. I, Anthony P. Nowicki, Jr., have conducted an asbestos investigation on 6-29-10 in accordance with Sections 1-16 and 1-28 of the
Name of Certified Asbestos Investigator Date

NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☒ a. premise (or portions thereof) affected by the work is free of asbestos containing material (ACM).
- ☐ 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 in the area and will not be disturbed during construction activity. Specify the quantity and area where asbestos is present.
Specify amount _____ sq.ft _____ linear ft. Specify locations (attach additional documents as necessary):

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR (including cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT		ASSUMED ACM
				YES	NO	
B, 1-2	Partial	Sheetrock/Cweiling Tile	2	☐	☒	
"	"	Floor Tile	1	☐	☒	
Roof	"	Roof Material	1	☐	☒	
	No access under siding; if	shingles are found they are assumed		☐	☐	
	asbestos.			☐	☐	
				☐	☐	
				☐	☐	

Note: There is always a possibility of existing ACM
inside the wall, or above the ceiling, or under
existing flooring. If any suspected ACM is found,
all work should be stopped for reinspection.

10. Analytical Laboratory Sci Labs11. ELAP # 11480 Date(s) Samples Analyzed 7-1-10

NYS DOH CERTIFICATION

12. I hereby declare the information provided herein is true and complete.

DEP Certified Asbestos Investigator's Signature

7-1-10

Date

114403

Certificate Number

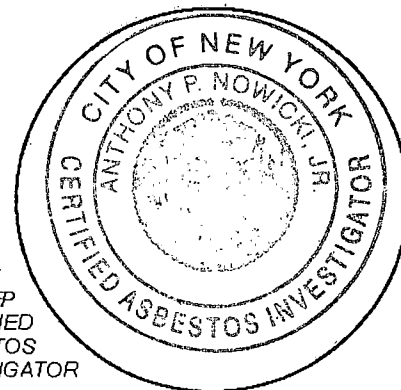
7-16-2011

Expiration Date

Tel. # 631-589-3666Fax # N/Aemail: N/A

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 Part 763.86.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

ACP5
10/09