



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Control Number: 5193882

1. NYC DOB Job # (if applicable) _____
2. Premise No. 39 Street Name Grant Place Borough Staten Island Zip 10306
3. AKA _____ Type of Facility Residence BIN 5051734 Block 03590 Lot 0063
4. Building Owner AM BHUTTA CONSTRUCTION Address 2124 64 st
5. City Brooklyn State NY Zip 11204 Contact Person Muhammad Shafiq
6. Tel. # (718) 621-5000 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Proposed to renovate existing first, second, basement & new bathroom on the first floor as per plan. No change in use, egress or occupancy

8. I, LON RIGG, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

06/30/2015 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. portion(s) of the premises 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 and will not be disturbed during construction activity. Specify the quantity and area where asbestos is present. Specify amount: 2200 sq. ft 50 linear ft.
Specify locations (attach additional documents as necessary):
1st fl- -Front porch - 180 sf(floor tile) , Liv room 450 sf(floor tile), kitchen 200 sf(floor tile) ceiling tile 200 sf, rear porch 40 sf floor tile, dining room 450 sf floor tile & 450 sf of ceiling tile, 2nd fl- bathroom 50sf of floor tile, bedrooms - 420 sf of ceiling tile, steps 27 sf to third floor (attic), Basement- 200 sf of floor tile & 3sf of flue cement, 50 lf of pipe insulation
- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
1	kitchen, dining room, living room	plaster	3	No	No
2	Bedroom, Hall	plaster	2	No	No
3	attic	plaster	2	No	No

I hereby declare the information provided herein is true and complete

LON RIGG 7/14/2015 117148 11/28/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 771-7689 Fax # (914) 663-5149 Email lrigg60@aol.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.



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical	12003	7/2/2015

11. NYS DOL Asbestos Handling license # 56080 Company Name Avi Jay, Inc.

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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