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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: 1386215**

2. Premise No. 427 Street Name Fort Washington Avenue Borough Manhattan Zip 10033

3. AKA _____ Type of Facility Residence BIN 1064312 Block 02177 Lot 0150

4. Building Owner 427 Realty LLC Address 2207 Coney Island Avenue

5. City Brooklyn State NY Zip 11223 Contact Person Florence Edelstein

6. Tel. # (718) 627-2980 Fax # _____ Email _____

7. Description of the Entire Scope of Work
 Replace oil burner with gas/oil burner on NYC Boiler # MD155792-01, install new gas pipeline to the burner, change fuel oil grade from #4 to #2

8. I, JORGE GAJER, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
03/06/2018 1:45PM-2:15PM 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: _____ sq. ft _____ linear ft.
 Specify locations (attach additional documents as necessary): _____

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Cellar		boiler room, hallway and electrical meter room	ceiling plaster	5	No	
Outside Space		yard to street exterior wall	brick mortar	3	No	

I hereby declare the information provided herein is true and complete

JORGE GAJER 3/7/2018 115730 11/4/2019
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (718) 756-6205 Fax # (718) 756-5782

Email airplus_2000@yahoo.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, 40 CFR 763.80, 40 CFR 763.85.

SEAL OF THE
 NYC DEP
 CERTIFIED
 ASBESTOS
 INVESTIGATOR

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





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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical Inc.	11506	3/7/2018

11. NYS DOL Asbestos Handling license # 28684 Company Name Airplus Environmental Services Inc.

I hereby declare the information provided herein is true and complete

JORGE GAJER 3/7/2018 115730 11/4/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 756-6205 Fax # (718) 756-5782

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