



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: 2257318**

2. Premise No. 769 Street Name Bryant Ave Borough Bronx Zip 10474

3. AKA Apt 1I Type of Facility Residence BIN 2006552 Block 02763 Lot 0220

4. Building Owner Manager Address 100A BROADWAY #455

5. City Brooklyn State NY Zip 11249 Contact Person Moshe Stahl

6. Tel. # (347) 831-4712 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Interior Renovation as per plans as filed herewith.
(No Window Work)

8. I, PAOLA CANO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
08/11/2016 6:45PM-7:30PM 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:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
1	Rear, Bedroom & Kitchen	Sheetrock	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	8/11/2016

11. NYS DOL Asbestos Handling license # 83573 Company Name Enviro Solutions Inc.

I hereby declare the information provided herein is true and complete

PAOLA CANO 8/12/2016 122968 1/21/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (973) 592-5706 Fax # _____

Email envirosolutions01@gmail.com

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR 122968



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

