



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



ASBESTOS ASSESSMENT REPORT

ACP 5 Fee \$

2. Premise No. 630 Street Name CATON AVENUE Borough BROOKLYN Zip 11218
3. AKA _____ Type of Facility COMMERCIAL Bin 3124350 Block 5329 Lot 104
4. Building Owner STEVE OH Address 630 CATON AVENUE
5. City BROOKLYN State NY Zip 11218 Contact Person STEVE OH
6. Tel. # 718 436 3410 Fax # _____ Email _____

7. Description of the Entire Scope of Work
INSTALL FIRE SUPPRESSION SYSTEM. NO CHANGE IN USE, EGRESS OR OCCUPANCY

8. I, HIMENDU CHAUDHURI, have conducted an asbestos investigation on 2/4/10 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	
1ST	KITCHEN AREA ONLY	NONE	0	☐	☒	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

10. Analytical Laboratory _____

11. ELAP # N/A Date(s) Samples Analyzed _____
NYS DOH CERTIFICATION

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

Himendu Chaudhuri 2/9/10 116683 10/01/2011
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # 646 418 9387 Fax # _____ email: himendu.chaudhuri@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 Part 763.86.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



ACP5
10/09