



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11355

ASBESTOS ASSESSMENT REPORT



2. Premise No. 567 Street Name 1st Street Borough Brooklyn Zip 11215
3. AKA _____ Type of Facility Residence Bin 3025140 Block 1075 Lot 45
4. Building Owner Andrew Merola Address 687 Greenwich Street, House # 1
5. City New York State NY Zip 10014 Contact Person Andrew Merola
6. Tel. # (212) 645-7457 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Interior demolition of partitions, including architectural, mechanical & plumbing.

8. I, Michael LaCommare, have conducted an asbestos investigation on 6/7/10 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	
Cellar	Partial	None	0	☐	☐	
Bas	Partial	None	0	☐	☐	
1st-3rd	Partial	Wall Plaster	3	☐	☒	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

10. Analytical Laboratory Niche Analysis, Inc.

11. ELAP # 11236 Date(s) Samples Analyzed 6/8/10
NYS DOH CERTIFICATION

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

Michael LaCommare 6/8/10 110766 7/15/2010
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (914) 684-5999 Fax # _____ email: _____

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

