



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11

ASBESTOS ASSESSMENT REP



2. Premise No. 277 Street Name Broadway Borough Brooklyn Zip 11211
3. AKA _____ Type of Facility Mixed-Use Bin 3063580 Block 2460 Lot 36
4. Building Owner Paramjit Josan - Tenant Address 77 Chambers Street
5. City Manhattan State NY Zip 10007 Contact Person C.B.A. - Csanad
6. Tel. # 212-587-8888 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Interior renovation to existing commercial space/Restaurant. New finishes.

8. I, Alwin Watson, have conducted an asbestos investigation on 6/24/10 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	Entire space	No suspect ACM - sheetrock,		☐	☒	
		ceramic tile		☐	☐	
Cellar	Entire space	No suspect ACM		☐	☒	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

10. Analytical Laboratory N/A

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

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

Alwin Watson 6/25/10 109961 9/13/2010
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # 347-726-1389 Fax # 718-882-0751 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

