



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



2. Premise No. 1580 Street Name East 27 Street Borough Brooklyn Zip NY
3. AKA _____ Type of Facility _____ Bin _____ Block 6773 Lot 44
4. Building Owner Raphael Cohen Address 1580 East 27 Street
5. City Brooklyn State NY Zip _____ Contact Person Raphael Cohen
6. Tel. # 718 683-6443 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Renovation of an existing one family house, front and rear extension, plumbing, mechanical and partitions.

8. I, A. Kogan, have conducted an asbestos investigation on 6/22/10 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	
c,1,2	Renovation of an existing one		3	☐	☒	
	family house, front and rear			☐	☐	
	extension, plumbing, mechanical and			☐	☐	
	partitions.			☐	☐	
	If during demolition/construction any			☐	☐	
	ACM is suspected all work should be			☐	☐	
	stopped immediately for reinspection			☐	☐	

10. Analytical Laboratory Asbestos Analytical Lab

11. ELAP # 11938 Date(s) Samples Analyzed 6/23/10
NYC DOH CERTIFICATION

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

A. Kogan 6/24/10 115780 9/26/11
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # 718 338-2828 Fax # 718 258-1764 email: prizma84@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