

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

ASBESTOS ASSESSMENT REP



2. Premise No. 1 Street Name Lawton Street Borough Brooklyn Zip 11221
3. AKA 1065-1067 Broadway Type of Facility Warehouse Bin 3073367 Block 3225 Lot 41
4. Building Owner George Kelesdis Address 15 Lawton Street
5. City Brooklyn State NY Zip 11221 Contact Person George Kelesdis
6. Tel. # 718 573 9797 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Installation of sheetrock partitions only, minor work done prior to inspection. Pictures taken of existing condition at time of inspection.

8. I, Latisha Atwaters, have conducted an asbestos investigation on 07/29/2010 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	Sheetrock. 12"x12" floor tile to remain	Sheetrock	0	☐	☒	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	
				☐	☐	

10. Analytical Laboratory _____

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

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

[Signature] July 30 2010 108052 August 26 2010
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # 646 593 2817 Fax # _____ email: ironfoot.asbestos@yahoo.com

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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.

