



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

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

ASBESTOS ASSESSMENT REPORT



2. Premise No. 37 Street Name Washington Ave Borough Brooklyn Zip 11205
3. AKA _____ Type of Facility _____ Bin _____ Block 1875 Lot 21
4. Building Owner Il Porto LLC Address 37 Washington Ave
5. City Brooklyn State NY Zip 11205 Contact Person David Vincenzo
6. Tel. # 718 624-0954 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Rearrange cooking equipment in an existing restaurant, connect gas. No demolition.

No friable materials to be sampled.

8. I, A. Kogan, have conducted an asbestos investigation on 10/19/10 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	
1	Rearrange cooking equipment in an		0	☐	☒	
	existing restaurant, connect gas			☐	☐	
	No demolition.			☐	☐	
	No friable materials to be sampled.			☐	☐	
	If during demolition/construction any			☐	☐	
	ACM is suspected all work should be			☐	☐	
	stopped immediately for reinspection			☐	☐	

10. Analytical Laboratory _____

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

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

A. Kogan
DEP Certified Asbestos Investigator's Signature

10/20/10
Date

115780
Certificate Number

9/26/11
Expiration Date

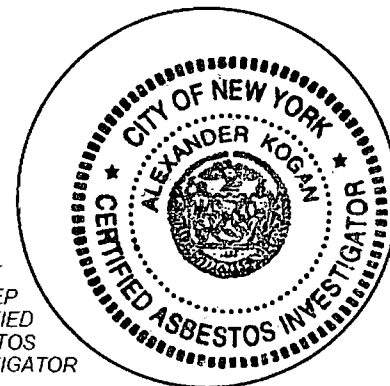
Tel. # 718 338-2828

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