



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375
ASBESTOS ASSESSMENT REPORT



1. NYC Buildings Dept. Application # _____
2. Premise No. 114 Street Name BAY 13 STREET Borough Brooklyn Zip 11214
3. AKA _____ Type of Facility Residence BIN 3167534 Block 06397 Lot 0056
4. Building Owner LABIANCA PHILIP Address 114 BAY 13 STREET
5. City BROOKLYN State NY Zip 11214 Contact Person LABIANCA PHILIP
6. Tel. # (718) 256-0625 Fax # _____ Email _____
7. Description of the Entire Scope of Work

PROPOSED DEMOLITION OF A RESIDENTIAL BUILDING.

8. I, KELECHI AMADI, have conducted an asbestos investigation on 12/6/2010 in accordance with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the
- Name of Certified Asbestos Investigator* *Date*
- ☒ 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 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	DESCRIPTION SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
1ST FLOOR, 2ND FLOOR	ENTIRE PREMISES	SHEETROCK WALLS AND CEILING, WOOD FLOORING, TILING	0	No	No

10. Analytical Laboratory N/A
11. ELAP # N/A Date(s) Samples Analyzed N/A
NYS DOH CERTIFICATION

I hereby declare the information provided herein is true and complete

[Signature] 12/11/2010 113521 12/1/2011
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (347) 677-7098 Fax # (718) 670-3245 Email kelechinamadi@hotmail.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 763.86.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

