



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



1. NYC DOB Job # (if applicable) _____
2. Premise No. 289 Street Name Columbia Street Borough Brooklyn Zip 11231
3. AKA _____ Type of Facility Other BIN 3005013 Block 00358 Lot 0009
4. Building Owner Poulos Spyros Address 289 Columbia Street
5. City Brooklyn State NY Zip 11231 Contact Person Yolanda
6. Tel. # (718) 797-1600 Fax # _____ Email delvan289@yahoo.com
7. Description of the Entire Scope of Work
Installation of Dryers and vent piping.

8. I, LEE KANTOR, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
02/28/2011 in accordance

Date

with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☒ a. portion(s) of the premises 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): _____

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
First	Rear of first floor and rear of main hallway	Wall Material	1	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical Inc	11469	3/3/2011

I hereby declare the information provided herein is true and complete

LEE KANTOR 3/3/2011 112833 3/12/2013
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 306-0495 Fax # (631) 367-2726 Email leekantor2000@yahoo.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



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