



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 113
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____
2. Premise No. 6161 Street Name STRICKLAND AVENUE Borough Brooklyn Zip 11234
3. AKA 6161 - 6161 Type of Facility Commercial BIN _____ Block 8470 Lot 1110
4. Building Owner HARBOR FITNESS Address 6161 Strickland avenue
5. City Brooklyn State NY Zip 11209 Contact Person Christopher Ganim
6. Tel. # (718) 763-9200 Fax # _____ Email _____

7. Description of the Entire Scope of Work

One illuminated non advertising accessory wall sign.

8. I, ANTONIO JARAMILLO, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

04/01/2011

Date

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

☒ 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
Outside	Partial (strictly work area)	Stucco/Note*There is no material suspect to contain asbestos.	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

ANTONIO JARAMILLO

4/1/2011

120023

10/28/2012

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

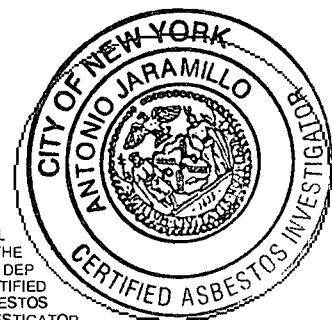
Tel. # (718) 326-2924

Fax # (718) 521-4530

Email tonitoj@aol.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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