



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



1. NYC DOB Job # (if applicable) _____
2. Premise No. 424 Street Name 9th Street Borough Brooklyn Zip 11215
3. AKA _____ Type of Facility Residence BIN 3022363 Block 01012 Lot 0030
4. Building Owner Robin Shinn Address 424 9th Street
5. City Brooklyn State NY Zip 11215 Contact Person Robin Shinn
6. Tel. # (718) 965-6068 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Existing foundation reinforcement and toilet relocation within existing bathroom

8. I, SONG SMULLEN, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

02/03/2011

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
Cellar	Perimeter of the cellar foundation	Floor tile grout	1	No	No
Cellar	Perimeter of the cellar foundation	Wall plaster	3	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc	11506	2/10/2011

I hereby declare the information provided herein is true and complete

SONG SMULLEN 4/4/2011 119875 10/11/2012
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 533-2279 Fax # (212) 202-4811 Email smullenpe@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 763.86.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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