



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____
2. Premise No. 87 Street Name First Place Borough Brooklyn Zip 11231
3. AKA _____ Type of Facility Residence BIN 3004981 Block 00356 Lot 0043
4. Building Owner Peter Rose Address 291 Broadway
5. City New York State NY Zip 10007 Contact Person Peter Rose
6. Tel. # (212) 349-3366 Fax # _____ Email _____
7. Description of the Entire Scope of Work
relocation of bathroom and kitchenettes

8. I, DAVID TURNER, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

04/13/2011

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
Parlor	center	wood floors and plaster	1	No	No
Fourth Floor	center	wood floors and plaster	1	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL	198.1	5/11/2011

I hereby declare the information provided herein is true and complete

DAVID TURNER 5/12/2011 116768 3/30/2013
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 594-0840 Fax # (212) 594-1530 Email davidturner@verizon.net

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

