



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____
2. Premise No. 148A Street Name 16th Street Borough Brooklyn Zip 11215
3. AKA _____ Type of Facility Residence BIN 3024125 Block 01052 Lot 0031
4. Building Owner Ami Abramson Address 148A, 16th Street
5. City Brooklyn State NY Zip 11226 Contact Person Ami Abramson
6. Tel. # (646) 765-5977 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Renovation of existing Building at the 2nd & 3rd Floor, new 4th Floor addition and a roof deck, and new rear exterior deck at 2nd Floor.

8. I, CLEMENT JOLAOSO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/09/2011 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: 360 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
VCT Flooring at 2nd & 3rd Floors to remain. Low rear roof at 1st Floor

- ☐ 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
2nd & 3rd Floors	Entire 2nd & 3rd Floor, Roof and rear exterior.	Sheetrock plaster, VCT Floor at 2nd & 3rd Floor - to remain, Built-up roof, Stucco @ rear exterior, rear roofing material - to remain.	7	No	Yes

10. ANALYTICAL LABORATORY:

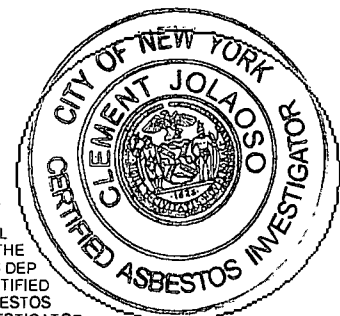
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
KAM Consultants	11273	5/16/2011

I hereby declare the information provided herein is true and complete

CLEMENT JOLAOSO 5/31/2011 116518 12/9/2011
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (646) 342-7492 Fax # _____ Email cjolaoso@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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