



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. 241 Street Name Smith Street Borough Brooklyn Zip 11231
3. AKA _____ Type of Facility _____ BIN 3006540 Block 00409 Lot 0001
4. Building Owner Benjamin Tretout Address 241 Smith Street
5. City Brooklyn State NY Zip 11231 Contact Person benjamin tretout
6. Tel. # (347) 631-6888 Fax # _____ Email _____
7. Description of the Entire Scope of Work
NEW PLUMBING, COUNTERS, COOKING EQUIPMENT FOR RESTAURANT.

8. I, SHAUL SINGER, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

07/11/2011 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
C-1	PLUMBING	NONE; DONE	0	No	No
1ST	RESTAURANT	NONE; DEMO; DONE EXISTING FLOOR, CEILING AND PARTITIONS NOT AFFECTED FOR SCOPE OF WORK.	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

SHAUL SINGER 7/12/2011 120410 11/19/2012
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Tel. # (718) 437-9600 Fax # _____ Email esingenv@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.



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