



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. 933 Street Name PUTNAM AVENUE Borough Brooklyn Zip 11221

3. AKA _____ Type of Facility _____ BIN 3045365 Block 01648 Lot 0086

4. Building Owner LUISA JOSEPH Address 933 PUTNAM AVENUE

5. City BROOKLYN State NY Zip 11221 Contact Person LUISA JOSEPH

6. Tel. # (718) 484-8263 Fax # _____ Email _____

7. Description of the Entire Scope of Work

REMOVE VIOLATION, REMOVE NON BEARING PARTITIONS, SHOWER AND TUB ONLY.8. I, SHAUL SINGER, have conducted an asbestos investigation on*Name of Certified Asbestos Investigator*08/12/2011*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	APARTMENT	SHEETROCK	3	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL	11506	8/13/2011

I hereby declare the information provided herein is true and complete

SHAUL SINGER

DEP Certified Asbestos Investigator's Signature

8/15/2011

Date

120410

Certificate Number

11/19/2012

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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