



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. 337 Street Name Hoyt Street Borough Brooklyn Zip 11231
3. AKA _____ Type of Facility Residence BIN 3007452 Block 00444 Lot 0005
4. Building Owner Craig Berkley Address 337 Hoyt Street
5. City Brooklyn State NY Zip 11231 Contact Person Craig Berkley
6. Tel. # (212) 399-1399 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Create a new bathroom in existing closet.

8. I, MICHAEL LACOMMARE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
08/24/2011 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: 50 sq. ft 25 linear ft.
Specify locations (attach additional documents as necessary):
Pipe insulation and subflooring not to be disturbed.
☐ 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
2	Existing closet only	Plaster	3	No	
2	Existing closet only	Pipe insulation, subflooring	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri-Sci	11480	8/24/2011

I hereby declare the information provided herein is true and complete

Michael Lacommare 8/25/2011 118702 7/15/2012
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (914) 684-5999 Fax # _____ Email mroyparker@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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