



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. 270 Street Name Nevins Street Borough Brooklyn Zip 11217
3. AKA _____ Type of Facility _____ BIN 3006984 Block 00425 Lot 0001
4. Building Owner NEVINS CANAL CORP. Address 116 JOHN STREET
5. City NEW YORK State NY Zip 10038 Contact Person HERBERT CHAVES
6. Tel. # (212) 349-5618 Fax # _____ Email _____

7. Description of the Entire Scope of Work

PROPOSED CONVERSION OF OLD CODE EXISTING WAREHOUSE TO TELEVISION FILMING WITHOUT SPECTATORS. CHANGE TO OCCUPANCY AND USE GROUP. NEW C OF O REQUIRED. THE EXISTING ROOF WILL REMAIN. LESS THAN 10 SQ.FT WILL BE DISTURBED AS RESULT OF DUCT AND PIPE PENETRATIONS. THE EXISTING WINDOW WILL REMAIN.

8. I, KOSTA KAMBERIS, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

09/08/2011

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: 44000 sq. ft _____ linear ft.

Specify locations (attach additional documents as necessary):

1. ROOF MEMBRANE AND ROOF FLASHING.
2. WINDOW CAULK AND GLAZING CAULK

☐ 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
1ST	ENTIRE	GYPSUM BOARD COMPOUNDS	1	No	
ROOF	ENTIRE	ROOF MEMBRANE/FLASHING	0	Yes	Yes
1ST	FACADE	WINDOW CAULK AND GLAZING CAULK	0	Yes	Yes

I hereby declare the information provided herein is true and complete

KOSTA KAMBERIS

DEP Certified Asbestos Investigator's Signature

10/6/2011

Date

117761

Certificate Number

5/21/2012

Expiration Date

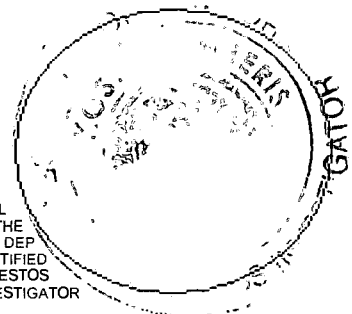
Tel. # (917) 865-0399

Fax # _____

Email kamberis@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



2271924



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ALPHA LABS, LLC	11833	9/14/2011

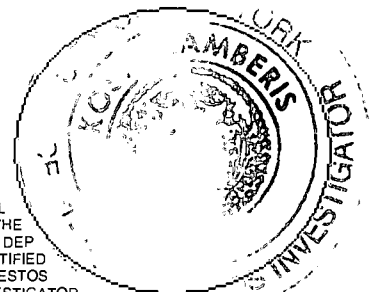
I hereby declare the information provided herein is true and complete

KOSTA KAMBERIS 10/6/2011 117761 5/21/2012
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 865-0399 Fax # Email kamberis@aol.com

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