



NYC DEPARTMENT

59-17 Junction E, 3rd Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3105312**
2. Premise No. 42 Street Name Hausman Street Borough Brooklyn Zip 11222
3. AKA _____ Type of Facility Residence BIN 3259572 Block 02692 Lot 0056
4. Building Owner Blanca Granados Address 42 Hausman Street
5. City Brooklyn State NY Zip 11222 Contact Person Blanca Granados
6. Tel. # (718) 388-8357 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Application filed to supersede alt. 881/89 and obtain certificate of occupancy.

8. I, ANTONIO JARAMILLO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

12/05/2013 in accordance

Date(s)

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
1 Fl	Recreation area right wall next to spiral stair.	Drywall	1	No	No
1 Fl	Recreation area front side ceiling	Drop ceiling	1	No	No
1 Fl	Recreation area rear side ceiling	Drop ceiling	1	No	No
2 Fl	Master bedroom wall next to window	Drywall	1	No	No
2 Fl	Laundry room back wall	Drywall	1	No	No

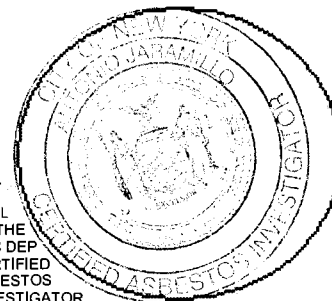
I hereby declare the information provided herein is true and complete

ANTONIO JARAMILLO 12/13/2013 120023 10/28/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 326-2924 Fax # (718) 521-4530 Email asbestosreport@yahoo.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



Any suspected friable ACM to be found
during construction, owner or contractor
shall notify investigator as soon as possible
to re-examine the whole job site.



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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
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2 Fl	Laundry room ceiling	Drywall	1	No	No
Cellar	Partial (Strictly work area)	Note:No physical work to be done. Drop ceiling not to be disturbed.	0	No	No
Ph	Partial (Strictly work area)	Note:No physical work to be done.	0	No	No
Osp	Rear elevation	Note:Plywood under siding.	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp.	11999	12/7/2013

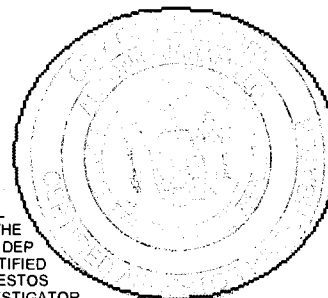
11. NYS DOL Asbestos Handling license # 58697 Company Name A & A Building Consultants, Inc.

I hereby declare the information provided herein is true and complete

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