



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. 1256 Street Name PROSPECT PLACE Borough Brooklyn Zip 11213  
3. AKA \_\_\_\_\_ Type of Facility Residence BIN 3036157 Block 01365 Lot 0029  
4. Building Owner ASHLEY WILLIAMS Address 1256 PROSPECT PLACE  
5. City BROOKLYN State NY Zip 11213 Contact Person CATHERINE WILLIAMS  
6. Tel. # (917) 374-8416 Fax # \_\_\_\_\_ Email \_\_\_\_\_

7. Description of the Entire Scope of Work

INTERIOR RENOVATION

8. I, MARTIN AMBROSE, have conducted an asbestos investigation on

*Name of Certified Asbestos Investigator*

05/23/2011

*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 |
|------------------|---------------------------|-----------------------------------------------------|----------------------------|------------------|-------------|
| CELL, BSMT, 1, 2 | ENTIRE                    | BUILDING MATERIAL, FLOOR TILE                       | 7                          | No               |             |

10. ANALYTICAL LABORATORY:

| NAME                  | ELAP # (NYS DOH CERTIFICATION) | DATE(S) SAMPLES ANALYZED |
|-----------------------|--------------------------------|--------------------------|
| EMSL ANALYTICAL, INC. | 11506                          | 5/24/2011                |

I hereby declare the information provided herein is true and complete

Martin Ambrose  
MARTIN AMBROSE

7/10/2011

116635

12/3/2011

*DEP Certified Asbestos Investigator's Signature*

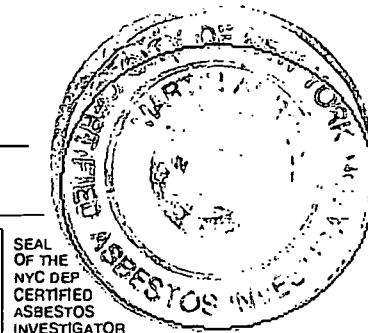
*Date*

*Certificate Number*

*Expiration Date*

Tel. # (718) 342-7686 Fax # (718) 342-7685 Email velmartin@juno.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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