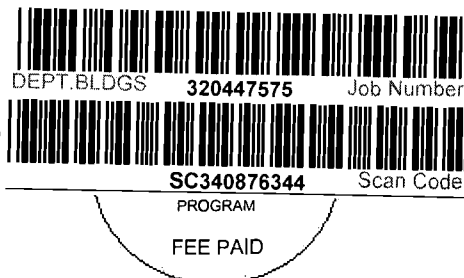




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3010404**
2. Premise No. 762 Street Name Wythe Avenue Borough Brooklyn Zip 11211
3. AKA _____ Type of Facility School BIN 3335307 Block 02216 Lot 0019
4. Building Owner Max Lebovitz Address 762 Wythe Avenue
5. City Brooklyn State NY Zip 11211 Contact Person Max Lebovitz
6. Tel. # (347) 754-6663 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Installation of boiler in basement

8. I, JOHN PAWLOWSKI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
02/06/2012 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
Basement	Northwesterly corner of basement	None	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 62917 Company Name John S. Pawlowski

I hereby declare the information provided herein is true and complete

JOHN PAWLOWSKI *John S. Pawlowski* 2/7/2012 115476 8/10/2013
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (212) 437-4586 Fax # (914) 472-1651 Email jspawlowskiphd@optonline.net

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



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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



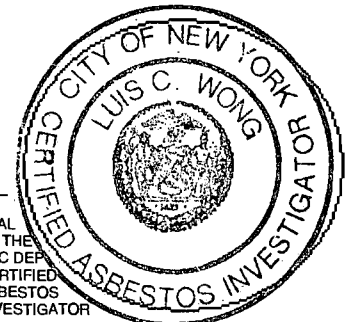
11. NYS DOL Asbestos Handling license # 58554 Company Name Luis C. Wong

I hereby declare the information provided herein is true and complete

<u>LUIS WONG</u>	<u>3/25/2012</u>	<u>120273</u>	<u>12/11/2012</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date
Tel. # (718) 886-5963 Fax #		Email <u>luis.wong888@yahoo.com</u>	

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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