



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) 320452899 Control Number: **3025514**
2. Premise No. 716 Street Name Humbolt Street Borough Brooklyn Zip 11222
3. AKA _____ Type of Facility Residence BIN 3066453 Block 02654 Lot 0050
4. Building Owner Sydney Silver Address 716 Humbolt Street
5. City Brooklyn State NY Zip 11222 Contact Person Sydney Silver
6. Tel. # (917) 921-2424 Fax # _____ Email chklet@mac.com
7. Description of the Entire Scope of Work
Install heating boiler and hot water heater in cellar; restoration of kitchens and bathrooms; no change in use, egress or occupancy.

8. I, ROBERT KING, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/04/2012 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
cellar	walls, floors and ceilings	None	0	No	No
001	walls, floors and ceilings	None	0	No	No
002	walls, floors and ceilings	None	0	No	No
003	walls, floors and ceilings	None	0	No	No

I hereby declare the information provided herein is true and complete

ROBERT KING 5/24/2012 116522 8/6/2012
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (212) 926-3923 Fax # (212) 926-3764 Email raking@att.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.



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 64663 Company Name Robert Arthur King, Architect, LLC

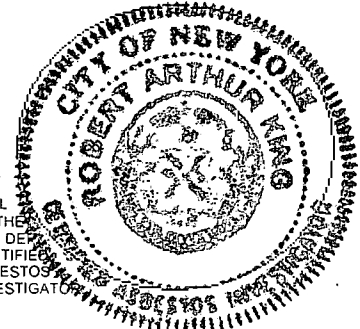
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SEAL
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CERTIFIED
ASBESTOS
INVESTIGATOR



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