



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3017855**
2. Premise No. 115 Street Name South 2nd Street Borough Brooklyn Zip 11211
3. AKA _____ Type of Facility _____ BIN 3062950 Block 02405 Lot 0039
4. Building Owner 115 South 2, LLC Address 199 Lee Avenue
5. City Brooklyn State NY Zip 11211 Contact Person Holf Landau
6. Tel. # (347) 351-9255 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Installation of A/C unit on the roof.

8. I, VYACHESLAV AZHAZHA have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
04/02/2012 *Date(s)* 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
Roof	Partial. Steel dunnage.	None observed. Done	0	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 35728 Company Name Asa Construction, Inc.

I hereby declare the information provided herein is true and complete

VYACHESLAV AZHAZHA 4/3/2012 113595 3/9/2013
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 519-1489 Fax # _____ Email Sazhazha@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

