



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: 3040446**
2. Premise No. 2120 Street Name East 14th Street Borough Brooklyn Zip 11229
3. AKA _____ Type of Facility Residence BIN 3199493 Block 07346 Lot 0014
4. Building Owner Peter Balopitos Address same
5. City Brooklyn State NY Zip 11229 Contact Person same
6. Tel. # (718) 336-1952 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Filing for permit for cellar:laundry area, existing bathroom, sink. Interior walls shall remain.Existing 3 fam. house.

8. I, DIMITRIOS MANOUSELIS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
08/30/2012 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 46 linear ft.
Specify locations (attach additional documents as necessary):
Apprx 40lin ft.ACM pipe lagging insulation in boiler room will remain.No work to be performed.6 lin ft. of ACM pipe insulation in front area closet shall also remain.

☐ 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	open areas,kitchen sink, bathroom	no visible ACM	0	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

DIMITRIOS MANOUSELIS 8/31/2012 116425 1/1/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (646) 641-5671 Fax # _____ Email demgw@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





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11. NYS DOL Asbestos Handling license # 58315 Company Name Demetrius Manouselis

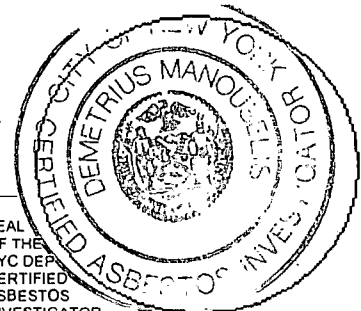
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