



NYC DEPARTMENT OF EI

Asbestos
59-17 Junction Boulevard

ASBESTOS ASSESSMENT REPORT



RECEIVED

11/20/2012

DEP
SBESTOS CONTROL
PROGRAM

FEE PAID

1. NYC DOB Job # (if applicable) _____

Control Number: 3050881

2. Premise No. 50 Street Name Sherman Street Borough Brooklyn Zip 112153. AKA _____ Type of Facility _____ BIN 3027424 Block 01116 Lot 00304. Building Owner Tim Gore & Noa Heyma Address 136 Berkeley Place #25. City Brooklyn State NY Zip 11217 Contact Person Michael Ingui6. Tel. # (212) 233-6740 Fax # _____ Email _____

7. Description of the Entire Scope of Work

The scope of work is installation of new skylight, 9 square feet total, on roof as per Drawing.8. I, DORIS KAN, have conducted an asbestos investigation on*Name of Certified Asbestos Investigator*11/09/2012*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: 930 sq. ft _____ linear ft.

Specify locations (attach additional documents as necessary):

Roof, entire, except for new skylight area☐ 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	Entire	Roof sheets	3	Yes	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	11/12/2012

11. NYS DOL Asbestos Handling license # 48959 Company Name Doris Kan

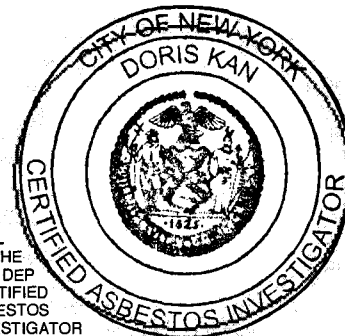
I hereby declare the information provided herein is true and complete

DORIS KAN*DEP Certified Asbestos Investigator's Signature*11/20/2012*Date*115625*Certificate Number*8/31/2013*Expiration Date*Tel. # (718) 796-4761

Fax # _____

Email kansulting@gmail.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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