



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Co
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



RECEIVED
1/21/2013

DEP
ASBESTOS CONTROL
PROGRAM
FEE PAID

1. NYC DOB Job # (if applicable) _____ Control Number: 3057832

2. Premise No. 386 Street Name Sackett Street Borough Brooklyn Zip 11231

3. AKA _____ Type of Facility Residence BIN _____ Block 429 Lot 18

4. Building Owner Liya Levinsky Address 388 Sackett Street

5. City Brooklyn State NY Zip 11231 Contact Person Liya Levinsky

6. Tel. # (908) 451-9022 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Renovation of existing building, Partitions, plumbing and mechanical. One story rear extension in the basement.

8. I, ALEXANDER KOGAN, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

01/15/2013

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
cell, basm, 1,2,3	entire	Plaster 15, Roofing 2, Flushing 2. If during demolition/construction any ACM is suspected all work should be stopped immediately for reinspection.	19	No	

I hereby declare the information provided herein is true and complete

Alexander Kogan
ALEXANDER KOGAN

DEP Certified Asbestos Investigator's Signature

1/21/2013

Date

115780

Certificate Number

9/26/2013

Expiration Date

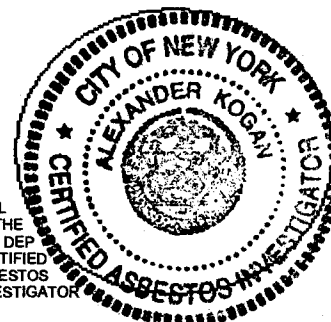
Tel. # (718) 338-2828

Fax # _____

Email Prizma84@yahoo.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



2560837



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical Lab	11938	1/18/2013

11. NYS DOL Asbestos Handling license # 62518 Company Name Alexander M. Kogan

I hereby declare the information provided herein is true and complete

Alexander Kogan
ALEXANDER KOGAN

DEP Certified Asbestos Investigator's Signature

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