



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: 3065162
2. Premise No. 1029 Street Name 42nd STREET Borough Brooklyn Zip 11219
3. AKA _____ Type of Facility Residence BIN 3135605 Block 05591 Lot 0054
4. Building Owner RICARDO A. GREY Address 1029 42 STREET
5. City BROOKLYN State NY Zip 11219 Contact Person ROB REYNOLDS
6. Tel. # (917) 748-5492 Fax # _____ Email _____
7. Description of the Entire Scope of Work
REPAIR FIRE DAMAGED DWELLING.

8. I, MARTIN AMBROSE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
03/06/2013 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: 6 sq. ft. linear ft.
Specify locations (attach additional documents as necessary):
ROOF AROUND CHIMNEY
☐ 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	ROOFING	2	No	
ROOF	CHIMNEY	FLASHING	0	Yes	Yes
CELL, 1, 2, ATTIC	EXTERIOR	SHINGLES	2	No	

I hereby declare the information provided herein is true and complete

MARTIN AMBROSE 3/15/2013 116635 12/3/2013
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 342-7686 Fax # (718) 342-7685 Email velmartin@juno.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

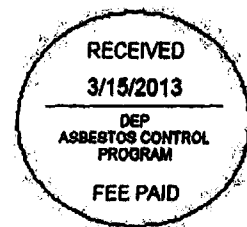




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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL ANALYTICAL, INC.	11506	3/14/2013

11. NYS DOL Asbestos Handling license # 29947 Company Name Velmartin Associates Inc.

I hereby declare the information provided herein is true and complete

Martin Ambrose 3/15/2013 116635 12/3/2013
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 342-7686 Fax # (718) 342-7685 Email velmartin@juno.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.

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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

Applicant's Name: MARTIN AMBROSE

Date: 3/15/2013

Facility Address: 1029 42nd STREET, Brooklyn, NY 11219

This is to inform you that the Department has received the following document for the above premises.

Asbestos Assessment Report (ACP5)

Fee Paid: \$47

Credit/Debit Card
Mode of payment

Control Number: 3065162

3/15/2013 4:42:51 PM

ACP5 Filing Receipt 02/2011