



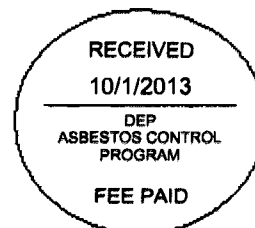
NYC DEPAR



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

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____

Control Number: 3094437

2. Premise No. 6912 Street Name 18TH AVENUE Borough Brooklyn Zip 11204

3. AKA _____ Type of Facility Commercial BIN 3156699 Block 06160 Lot 0044

4. Building Owner 6912 18TH AVENUE LLC. Address 6912 18TH AVE.

5. City BROOKLYN State NY Zip 11204 Contact Person JOHN HUANG

6. Tel. # (718) 512-0930 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Proposed minor interior renovation of an existing commercial space. Work involves removal of GWB partitions, storefront doors, carpets, exterior veneer. No change in use, egress and occupancy.

8. I, KELECHI AMADI, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

09/26/2013

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
1ST	ENTIRE	EXTERIOR BRICK AND MORTAR	0	No	No
1ST FLOOR	ENTIRE	VCT	3	No	No
1ST FLOOR	ENTIRE	ACOUSTIC CEILING TILES	3	No	No
1ST FLOOR	ENTIRE	WALL AND CEILING SHEETROCK (GWB)	7	No	No

I hereby declare the information provided herein is true and complete

KELECHI AMADI

10/1/2013

113521

12/1/2013

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (347) 677-7098 Fax # (718) 670-3245 Email kelechinamadi@hotmail.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



2599440