



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: 3124348**
2. Premise No. 265 Street Name 85th street Borough Brooklyn Zip 11209
3. AKA _____ Type of Facility _____ BIN 3152727 Block 06024 Lot 0049
4. Building Owner Mohamed Al-Janabi Address 265 85th street
5. City Brooklyn State NY Zip 11209 Contact Person Jimmy Delengos
6. Tel. # (718) 238-2227 Fax # (718) 238-3055 Email delwooddevp@gmail.com
7. Description of the Entire Scope of Work
Renovation of the house

8. I, BORO ATANASOSKI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
04/28/2014 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 _____ 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
basement	entire	Floor tiles, wall board	4	No	No
first	Entire	Wall board, ceiling board, floor tiles, window caulking, wall insulation	6	No	No
Second	Entire floor	Wall board, ceiling board, wall insulation and floor tiles	2	No	No
Attic	Entire	Wall board, ceiling board, floor tiles	2	No	No

I hereby declare the information provided herein is true and complete

BORO ATANASOSKI 5/1/2014 118660 6/24/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (201) 438-1188 Fax # (201) 635-0488 Email boroatanasoski@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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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	4/30/2014

11. NYS DOL Asbestos Handling license # 29746 Company Name Faith Environmental Inc.

I hereby declare the information provided herein is true and complete

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