



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: 3118068**
2. Premise No. 36 Street Name Frost Street Borough Brooklyn Zip 11211
3. AKA _____ Type of Facility Commercial BIN 3068134 Block 02736 Lot 0020
4. Building Owner Labec, 36, LLC Address 680 Lorimer Street
5. City Brooklyn State NY Zip 11211 Contact Person Michael Weiss
6. Tel. # (718) 599-9753 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Install 1 rooftop unit & 1 condenser, install gas piping from meter to rooftop unit.

8. I, DEMETRIUS MANOUSELIS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
05/07/2012 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
1st	location of meter	no visible ACM	0	No	
roof	location of HVAC work	Apprx. less than 10SF roof materials may be disturbed.	2	Yes	

10. ANALYTICAL LABORATORY:

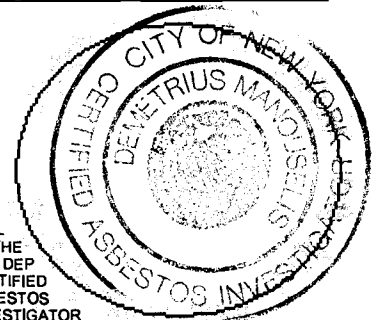
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Lab Testing Services	10955	5/8/2012

I hereby declare the information provided herein is true and complete

DEMETRIUS MANOUSELIS 3/24/2014 116425 1/1/2016
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Tel. # (646) 641-5671 Fax # _____ Email demgw@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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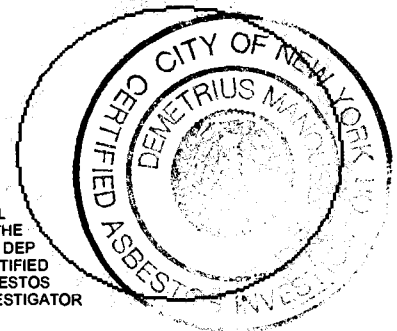
11. NYS DOL Asbestos Handling license # 58315 Company Name Demetrius Manouselis

I hereby declare the information provided herein is true and complete

<u>DEMETRIUS MANOUSELIS</u>	<u>3/24/2014</u>	<u>116425</u>	<u>1/1/2016</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date
Tel. # <u>(646) 641-5671</u> Fax # _____		Email <u>demgw@aol.com</u>	

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