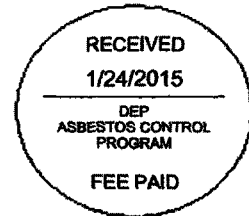




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3166144**
2. Premise No. 5801 Street Name FOSTER AVENUE Borough Brooklyn Zip 11234
3. AKA _____ Type of Facility Commercial BIN 3336947 Block 07932 Lot 0284
4. Building Owner INSPIRE SOCIAL DAY CARE LLC. Address 1251 EAST 29TH STREET,
5. City BROOKLYN State NY Zip 11210 Contact Person SAMUEL A. WEISS
6. Tel. # (718) 972-2929 Fax # _____ Email _____

7. Description of the Entire Scope of Work

ALTERATION 1 APPLICATION FILED TO DO PARTITION-WORK, TO ENLARGE PLACE OF ASSEMBLY ON THE 1ST FLOOR. WORK INVOLVES HORIZONTAL ENLARGEMENT TO THE REAR. NO CHANGE IN BULK PROPOSED.

NOTE: EXISTING ROOF IS NOT PART OF THIS APPLICATION. NEW ROOF IS HEREBY PROPOSED FOR THE EXTENDED AREA.

8. I, PAUL JENNINGS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

01/17/2015 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 FLOOR	INTERIOR & EXTERIOR REAR WALL	PLM PLM + TEM VCT(12X12) WITH MASTIC PLM+TEM BRICK PLM	12	No	No

I hereby declare the information provided herein is true and complete

PAUL JENNINGS 1/24/2015 125027 8/1/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 662-5480 Fax # (718) 978-9789 Email paulnickjon1@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.

