

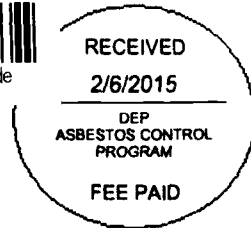


NYC DEPARTMENT OF

Asbestos Control Program

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

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 3167879

2. Premise No. 432 Street Name 3rd Avenue Borough Brooklyn Zip 11215

3. AKA _____ Type of Facility _____ BIN 3021772 Block 00996 Lot 0032

4. Building Owner 440 3RD AVE L.L.C. Address 242 NEVIN STREET

5. City BROOKLYN State NY Zip 11215 Contact Person BRENDAN HAINES

6. Tel. # (917) 414-0900 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Installation on non-illuminated sign.

NOTE: This acp5 is issued strictly as per job description above if there is any change, amending plans, adding or extending work area, any insulated pipe or unreachable material behind walls or any acm suspect, contact person or owner must call immediately the investigator for re-inspection.

8. I, JULIO CORPORAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

02/01/2015 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	Front end at exterior wall.	Brick veneer	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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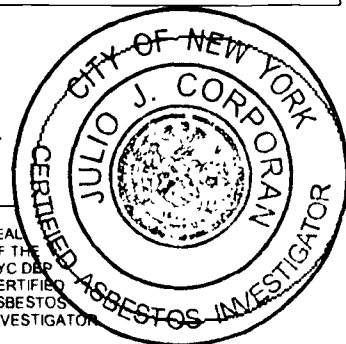
I hereby declare the information provided herein is true and complete

JULIO CORPORAN 2/6/2015 119167 3/11/2016
DEP Certified Asbestos Investigator Signature Date Certificate Number Expiration Date

Tel. # (718) 415-6360 Fax # (718) 889-2373 Email Julio.Corporan@nyc.gov

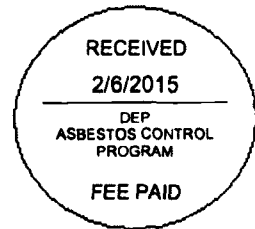
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR





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



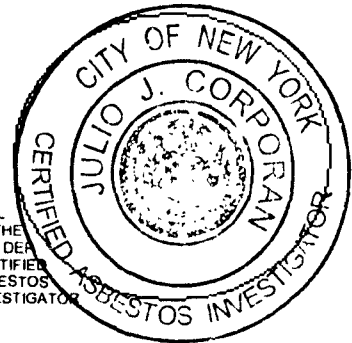
11. NYS DOL Asbestos Handling license # 71143 Company Name NYC Asbestos Surveys Corp.

I hereby declare the information provided herein is true and complete

JULIO CORPORAN 2/6/2015 119167 8/17/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 415-6360 Fax # (718) 889-2373 Email Julio.Corporan@gmail.com

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