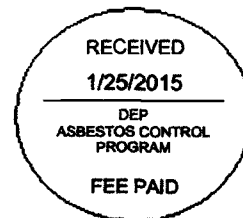




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 3166176
2. Premise No. 285A Street Name HALSEY STREET Borough Brooklyn Zip 11216
3. AKA _____ Type of Facility Residence BIN 3052842 Block 01840 Lot 0057
4. Building Owner SHAPIRO, ANDREW Address 285A HALSEY AVENUE
5. City BROOKLYN State NY Zip 11216 Contact Person SUGGS CONSTRUCTION
6. Tel. # (917) 560-6583 Fax # _____ Email _____

7. Description of the Entire Scope of Work

INTERIOR RENOVATION OF THIRD FLOOR. NO CHANGE IN USE OCCUPANCY OR MEANS OF EGRESS

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

01/23/2015 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
3	INTERIOR WALLS	SHEETROCK PLM	3	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AMERI SCI	11480	1/24/2015

11. NYS DOL Asbestos Handling license # 63956 Company Name Alpha Asbestos Corp.

I hereby declare the information provided herein is true and complete

PAUL JENNINGS 1/25/2015 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.

