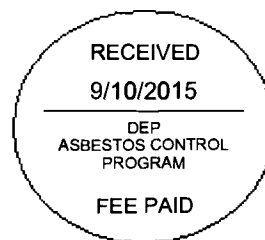




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3203666**
2. Premise No. 1916 Street Name Avenue U Borough Brooklyn Zip 11229
3. AKA _____ Type of Facility _____ BIN 3199756 Block 07352 Lot 0006
4. Building Owner Vito Del Ponte Address 1916 Avenue U
5. City Brooklyn, New York State NY Zip 11239 Contact Person Vito Del Ponte
6. Tel. # (718) 694-2446 Fax # _____ Email Leon@wcmarchitecture.com

7. Description of the Entire Scope of Work

Replacement of Existing Roof-Top Air condition Unit. No change to use, Egress or occupancy under this application.

Note: Replacement of AC unit Work already completed. If any new or additional work is to be performed, another inspection will be required.

8. I, AUGUSTINE NWOKOYE, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

09/03/2015 11:00AM-1:00PM

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
Roof	South End (Back End) of the Roof	None.	0	No	No

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

AUGUSTINE NWOKOYE 9/10/2015 118139 5/12/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 655-3743 Fax # (718) 655-3862 Email aconservices@juno.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



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



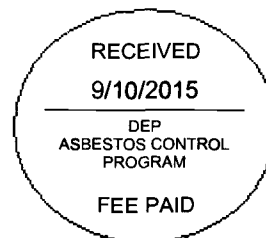
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NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT



11. NYS DOL Asbestos Handling license # 28924 Company Name Acon Environmental & Construction Inc.

I hereby declare the information provided herein is true and complete

<u>AUGUSTINE NWOKOYE</u>	<u>9/10/2015</u>	<u>118139</u>	<u>5/12/2016</u>
<i>[Signature]</i>			
DEP Certified Asbestos Investigators Signature	Date	Certificate Number	Expiration Date

Tel. # (718) 655-3743 Fax # (718) 655-3862 Email aconservices@juno.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
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ASBESTOS
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Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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