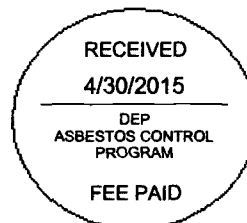




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3181114**
2. Premise No. 21 Street Name Garfield Place Borough Brooklyn Zip 11215
3. AKA _____ Type of Facility Residence BIN 3020430 Block 00961 Lot 0064
4. Building Owner Eric Nachimovsky Address 172 Fifth Ave
5. City Brooklyn State NY Zip 11215 Contact Person Anthony Villano
6. Tel. # 9175310009 Fax # _____ Email acv162@aol.com
7. Description of the Entire Scope of Work
Interior renovation and minor exterior work front and rear facades. New 4th floor addition

8. I, BARRINGTON SMITH, have conducted an asbestos investigation on
04/20/2015 in accordance
04/20/2015 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
Cellar, 1st, 2nd & 3rd	Wall throughout	Drywall	2	No	No
Cellar, 1st, 2nd & 3rd	Wall throughout	Joint compound	2	No	No
1st, 2nd and 3rd	Bathroom wall throughout	Ceramic grout	3	No	No

I hereby declare the information provided herein is true and complete

BARRINGTON SMITH 4/30/2015 120211 9/10/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (631) 291-7424 Fax # _____ Email barrys@omega-env.com

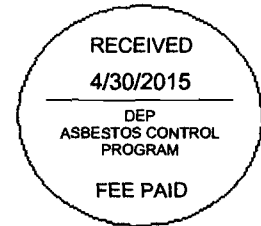
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a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

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR





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



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL	11506	4/27/2015

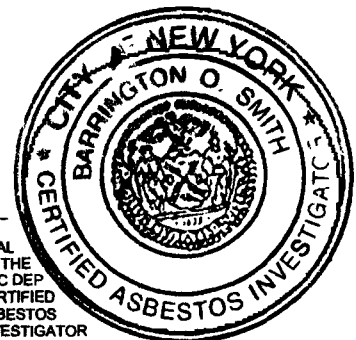
11. NYS DOL Asbestos Handling license # 29673 Company Name Omega Environmental Services Inc.

I hereby declare the information provided herein is true and complete

BARRINGTON SMITH 4/30/2015 120211 9/10/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (631) 291-7424 Fax # Email barrys@omega-env.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.

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