



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3207905**
2. Premise No. 327 Street Name GRAND ST Borough Brooklyn Zip 11211
3. AKA _____ Type of Facility Commercial BIN 3062704 Block 02384 Lot 0034
4. Building Owner ROBERT PEGUERO Address 307 BEDFORD AVE.
5. City BROOKLYN State NY Zip 11211 Contact Person ROBERT
6. Tel. # (718) 599-1321 Fax # _____ Email _____

7. Description of the Entire Scope of Work

INTERIOR RENOVATION COMMERCIAL SPACE, INSTALLATION OF OF NEW STOREFRONT, CONCRETE PAVEMENT AT REAR , STAIR OPENING DOOR AND HANDICAP TOILET.PARTIALLY BUILT AND COMPLETELY DEMOLISH INTERIOR OF THE STORE BEFORE INSPECTION.

8. I, ARSHAD SHABBIR, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

10/05/2015 3:00PM-3:30PM

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: 2900 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
CELLAR AND FIRST FL.
☐ 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 FL	ENTIRE	SHEETROCK, WOOD JOISTS, WOOD STUDS, BRICKS, CONCRETE BLOCKS AND CONCRETE	0	No	Yes

10. ANALYTICAL LABORATORY:

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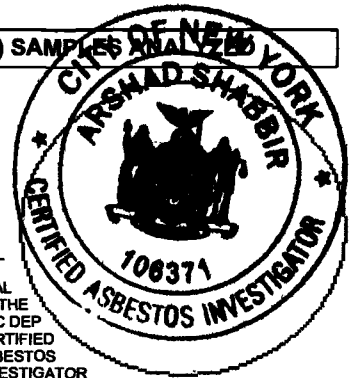
I hereby declare the information provided herein is true and complete

ARSHAD SHABBIR 10/6/2015 106371 7/7/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 350-3371 Fax # _____ Email jhelumpak@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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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