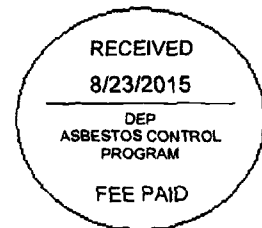




5268-3

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: 3200785**

2. Premise No. 147 Street Name Thames Street Borough Brooklyn Zip 11237

3. AKA _____ Type of Facility Other BIN 3070709 Block 03010 Lot 0024

4. Building Owner T-Mobile Address 4 Sylvan Way

5. City Parsippany State NY Zip 07054 Contact Person Mark Bishop

6. Tel. # (973) 897-1375 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Decommission of existing antenna site. Initial installation approved under applications: 320202981 & 320439763. All work is in conformance with TFPN #5/98. No change in use, egress or occupancy.

8. I, JEAN RENSINK, have conducted an asbestos investigation on
08/22/2015 8:15AM-8:30AM in accordance
Name of Certified Asbestos Investigator 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: 2000 sq. ft 200 linear ft.
Specify locations (attach additional documents as necessary):
Roofing, flashing, tar, caulking, brick, mortar, stucco, masonry assumed to contain asbestos less than 10-SF to be disturbed.
- ☐ 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	Partial	Roofing, flashing, tar, caulking, brick, mortar, stucco, masonry assumed to contain asbestos less than 10 SF to be disturbed.	0	Yes	Yes

10. ANALYTICAL LABORATORY:

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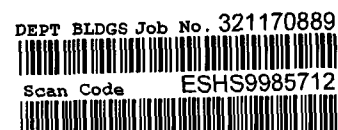
I hereby declare the information provided herein is true and complete

JEAN RENSINK 8/23/2015 123114 5/7/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (845) 782-4443 Fax # _____ Email jeanrensink@aol.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

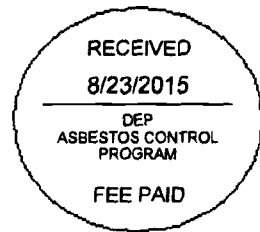
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No





5268-3

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Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
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11. NYS DOL Asbestos Handling license # 28946 Company Name AA Services, LLC

I hereby declare the information provided herein is true and complete

<u>JEAN RENSINK</u>	<u>8/23/2015</u>	<u>123114</u>	<u>5/7/2016</u>
<i>DEP Certified Asbestos Investigator's Signature</i>	<i>Date</i>	<i>Certificate Number</i>	<i>Expiration Date</i>
Tel. # (845) 782-4443 Fax # _____ Email <u>jeanrensink@aol.com</u>			

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