



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: 3296847**

2. Premise No. 165 Street Name Vanderbilt Ave. Borough Brooklyn Zip 11205

3. AKA 402 Myrtle Ave. Type of Facility Commercial BIN 3054787 Block 01901 Lot 0022
M401 Associates, LLC c/o

4. Building Owner Sutton Management Address 291 Broadway, 19th Floor

5. City New York State NY Zip 10007 Contact Person Ted Roth

6. Tel. # (212) 997-1234 Fax # (212) 354-3260 Email ted@suttonnyc.com

7. Description of the Entire Scope of Work
 New mechanical work in the cellar, new lobby and elevator on the first floor, proposed addition of floors 2-5 (3 apartments per floor, 1 penthouse apartment), new A/C condenser and additional mechanical equipment and elevator motor room on the roof.

8. I, JAMES BOGGI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/10/2016 10:00AM-2:00PM 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
Roof	Northside, 3rd Layer	Felt	3	No	
Roof	Middle of Roof, 2nd Layer	Styrofoam	3	No	
Roof	North at the A/C Unit	Duct cover	1	No	
1	Beam, Deck	Spray on	2	No	
Cellar	Beam	Spray on	2	No	

I hereby declare the information provided herein is true and complete

JAMES BOGGI 4/24/2017 114498 7/13/2017
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (973) 334-5641 Fax # (973) 334-3508

Email EMPIREENVIRO@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





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Cellar	Wall	Brick, concrete	4	No	
Cellar	Across Cellar	Pipe insulation	1	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Asbestos Analytical	11938	3/12/2016

11. NYS DOL Asbestos Handling license # 29678 Company Name Empire Environmental, Ltd.

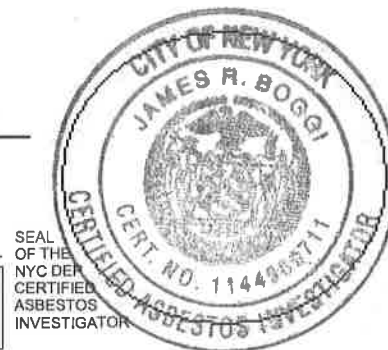
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