



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: 3198939**
2. Premise No. 69 Street Name HAWTHORNE ST Borough Brooklyn Zip 11225
3. AKA _____ Type of Facility Residence BIN 3115530 Block 05042 Lot 0083
4. Building Owner MELANIE FISCHER Address 334 2ND ST
5. City BROOKLYN State NY Zip 11215 Contact Person LESLIE
6. Tel. # (917) 757-6607 Fax # _____ Email _____

7. Description of the Entire Scope of Work
FILE RENOVATION OF CELLAR, PART OF 1ST & 2ND FLOORS, MINOR PARTITIONS, MINOR PLUMBING WORK & STRUCTURAL WORK FOR RELOCATION OF CONVENIENCE STAIR & OTHER WORK AS PER PLANS FILED HEREWITH. NO CHANGE IN USE, EGRESS OR OCCUPANCY. PHOTOS TAKEN.

8. I, CHRISTOPHER GERMANO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
07/13/2015 9:00AM-11:00AM, 08/10/2015 9:00AM-9:30AM 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: 2641 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
ROOF ROOFING MATERIALS 1,500 SQFT. ROOF FLASHING 190 SQFT. ROOF PARAPET WALLS CEMENTITIOUS 570 SQFT. ROOF COPING STONES CEMENTITIOUS 285 SQFT. ROOF CHIMNEY CEMENTITIOUS 96 SQFT.
☐ d. entire building is free of asbestos containing material (ACM).

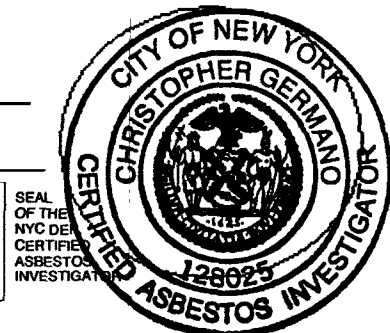
9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
ROOF	ROOF	ROOFING MATERIALS 1,500 SQFT.	0	Yes	Yes
ROOF	ROOF	FLASHING 190 SQFT.	0	Yes	Yes
ROOF	PARAPET WALLS	CEMENTITIOUS 570 SQFT.	0	Yes	Yes
ROOF	COPING STONES	CEMENTITIOUS 285 SQFT.	0	Yes	Yes

I hereby declare the information provided herein is true and complete

CHRISTOPHER GERMANO 8/12/2015 128025 1/18/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (631) 356-3170 Fax # _____ Email suffolkcop@gmail.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.



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

8/12/2015 11:40:24 AM

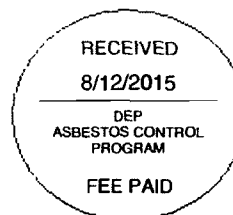




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ROOF	CHIMNEY	CEMENTITIOUS 96 SQFT.	0	Yes	Yes
CEL, FL 1-2	EXTERIOR WALLS	CEMENTITIOUS.	3	No	No
CEL, FL 1-2	INTERIOR WALLS	CEMENTITIOUS.	3	No	No
CEL, FL 1-2	DEBRIS PILES	CEMENTITIOUS.	3	No	No
CEL, FL 1-2	CEILINGS	CEMENTITIOUS.	3	No	No
CEL, FL 1-2	EXTERIOR WALLS	INSULATION.	3	No	No
CEL	WINDOW	CAULKING.	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AMERISCI NEW YORK	11480	7/17/2015

11. NYS DOL Asbestos Handling license # 67838 Company Name Ace Inspections, inc.

I hereby declare the information provided herein is true and complete


CHRISTOPHER GERMANO

8/12/2015

128025

1/18/2017

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

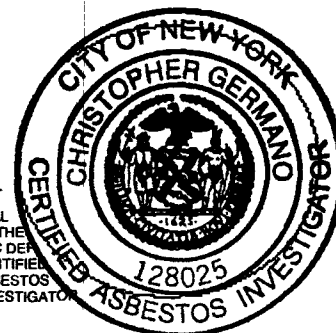
Expiration Date

Tel. # (631) 356-3170

Fax #

Email suffolkcop@gmail.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No