



NYC DEPARTMENT

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59-17 Junction Bo

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3208777**
2. Premise No. 752A Street Name NOSTRAND AVENUE Borough Brooklyn Zip 11216
3. AKA _____ Type of Facility _____ BIN 3031509 Block 01240 Lot 0041
4. Building Owner TAQUERIA MILEAR Address 752A NOSTRAND AVENUE
5. City BROOKLYN State NY Zip 11216 Contact Person ARTEMIO SERAFIO
6. Tel. # (718) 484-8085 Fax # _____ Email _____
7. Description of the Entire Scope of Work
INSTALL FIRE SUPPRESSION SYSTEM WITHIN EXISTING STAINLESS STEEL RANGE HOOD.

8. I, VYACHESLAV AZHAZHA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/07/2015 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: _____ 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
1ST	KITCHEN, WITHIN EXISTING RANGE HOOD	NONE DONE	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 76555 Company Name Anboj Group, Inc.

I hereby declare the information provided herein is true and complete

VYACHESLAV AZHAZHA 10/12/2015 113595 3/9/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 519-1489 Fax # _____ Email slavzhslav@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.

SEAL
OF THE
NYC DE
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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