

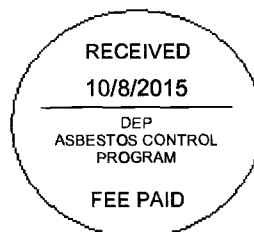


NYC DEPAR

59-17 Jur

ASBESTOS ASSESSMENT REPORT

DEPT. BLDGS. 321260988 Job Number
SC140905009 Scan Code



1. NYC DOB Job # (if applicable) _____ Control Number: 3208390
2. Premise No. 715 Street Name OCEAN PARKWAY Borough Brooklyn Zip 11230
3. AKA _____ Type of Facility Commercial BIN _____ Block 5424 Lot 1
4. Building Owner 715 OCEAN PARKWAY OWNERS CORP Address 3646 NOSTRAND AVE
5. City BROOKLYN State NY Zip 11229 Contact Person Theresa
6. Tel. # (718) 943-9328 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Removal of existing non-bearing wall.

8. I, AHMAD FAREGHBAL, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
09/23/2015 10:00AM-11:00AM 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
Cellar	Partition Wall	Mortar.	3	No	No
Cellar	Partition Wall	Sheet Rock Block.	3	No	No

10. ANALYTICAL LABORATORY:

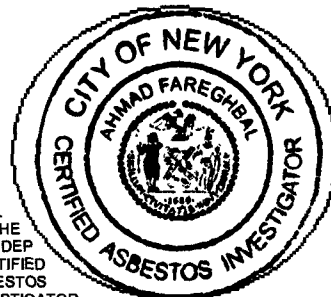
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11469	9/28/2015

I hereby declare the information provided herein is true and complete

AHMAD FAREGHBAL *A Faragh Bal* 10/8/2015 131636 6/9/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 224-5767 Fax # _____ Email fare2020@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



25219515



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



11. NYS DOL Asbestos Handling license # 72982 Company Name Ahmad Farghbal

I hereby declare the information provided herein is true and complete

<u>AHMAD FAREGHBAI</u>	<u>10/8/2015</u>	<u>131636</u>	<u>6/9/2016</u>
<i>A. Farghbal</i> DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date
Tel. # (718) 224-5767 Fax # _____ Email <u>fare2020@yahoo.com</u>			

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