



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11355
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3212583**
2. Premise No. 32 Street Name 72 Street Borough Brooklyn Zip 11209
3. AKA _____ Type of Facility Residence BIN 3147169 Block 05904 Lot 0044
4. Building Owner YU, I LAM Address 32 72 Street
5. City Brooklyn State NY Zip 11209 Contact Person YU, I LAM
6. Tel. # (347) 210-0620 Fax # _____ Email _____
7. Description of the Entire Scope of Work
FILE THIS APPLICATION TO REMEDY ECB VIOLATION #35075082R & #35075083Z; INTERIOR RENOVATION AT CEL, 1ST & 2ND FLOOR, FOR EXISTING TWO FAMILY DWELLING UNITS. PARTITION AND PLUMBING WORK INVOLVED. NO CHANGE IN USE, OCCUPANCY OR EGRESS.

8. I, KENG LEE SO, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
- 11/03/2015 5:30PM-6:00PM _____ 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: 10 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
1FL Stair landing on side entrance-linoleum
- ☐ 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, 1FL, 2FL	Kitchen Partition	Sheetrock	3	No	
1FL	Stair landing at side entrance - Floor	linoleum (not disturb)	0	Yes	Yes

I hereby declare the information provided herein is true and complete

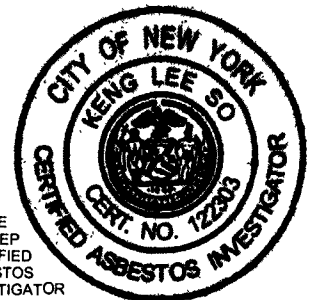
KENG LEE SO 11/4/2015 122303 10/2/2017
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 968-5925 Fax # _____

Email ks.asbestosafe@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



25223884



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	11/4/2015

11. NYS DOL Asbestos Handling license # 59538 Company Name KS Asbestosafe, Inc.

I hereby declare the information provided herein is true and complete

KENG LEE SO 11/4/2015 122303 10/2/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 968-5925 Fax # _____
Email ks.asbestosafe@yahoo.com



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