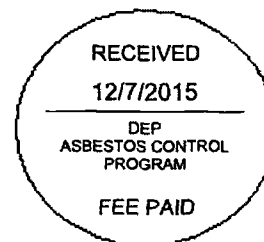




MENTAL PROTECTION
Program
or, Flushing, NY 11373
ENT REPORT



1. NYC DOB Job # (if applicable) _____ Control Number: 3217385
2. Premise No. 492 Street Name Throop Avenue Borough Brooklyn Zip 11221
3. AKA 1st - 3rd Floor Type of Facility Commercial BIN 3051228 Block 01815 Lot 0045
4. Building Owner Throop Realty NY LLC Address 5 Lorimer Street, #5A
5. City Brooklyn State NY Zip 11206 Contact Person Judy Goldberger
6. Tel. # (212) 631-9991 Fax # _____ Email samuelgoldberger@gmail.com
7. Description of Entire Scope of Work
Existing Auto collision shop to be converted into retail space at first floor and into commercial space at 2nd & 3rd floors.

Interior Renovation.

8. I, PAOLA CANO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/02/2015 9:00AM-10:30AM 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: _____ 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
2nd & 3rd	Front Side, Rear Side	Drywall	2	No	No
2nd & 3rd	Front Side, Rear Side	Window Caulk	2	No	No
2nd	Hallway	Drywall - Joint Compound	2	No	No
2nd & 3rd	Front Side, Rear Side	Mortar	2	No	No

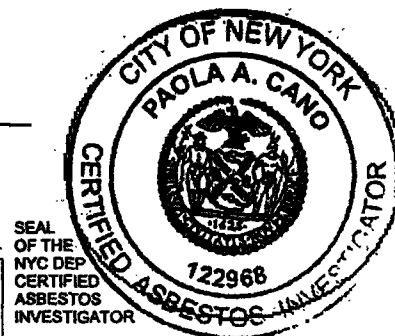
I hereby declare the information provided herein is true and complete

PAOLA CANO 12/7/2015 122968 1/21/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 438-2200 Fax # (718) 709-7671

Email paola@bsdenviromental.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.

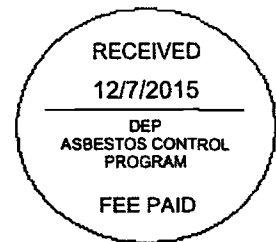


Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No





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



1st	Front Side, Rear Side	Ceiling Tile	2	No	No
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	120003	12/3/2015
Metro Analytical Laboratories	120003	12/4/2015

11. NYS DOL Asbestos Handling license # 83573 Company Name Enviro Solutions Inc.

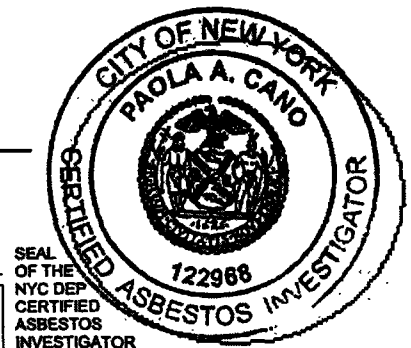
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PAOLA CANO 12/7/2015 122968 1/21/2016
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Email paola@bsdenviro.com

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



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