



NYC DEF



TON

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3245810**
2. Premise No. 734 Street Name Jefferson Avenue Borough Brooklyn Zip 11221
3. AKA _____ Type of Facility Residence BIN 3045878 Block 01657 Lot 0031
4. Building Owner 5938 Halsey Street Inc. Address PO Box 210793
5. City Brooklyn State NY Zip 11221 Contact Person Yanik Fir
6. Tel. # (917) 302-0511 Fax # _____ Email yanikfir@gmail.com
7. Description of the Entire Scope of Work
Interior renovation.

8. I, ANTONIO JARAMILLO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

06/02/2016 9:30AM-10:30AM

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).

Any suspected friable ACM to be found
during construction, owner or contractor
shall notify investigator as soon as possible
to re-examine the whole job site.

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	Front side ceiling	Plaster	1	No	No
Cellar	Middle section ceiling	Plaster	2	No	No
Cellar	Rear side ceiling	Plaster	2	No	No
Basement	Front left side wall	Plaster	2	No	No
Basement	Middle section right side wall	Plaster	2	No	No
Basement	Rear back wall	Plaster	2	No	No

I hereby declare the information provided herein is true and complete

ANTONIO JARAMILLO
DEP Certified Asbestos Investigator's Signature

6/6/2016
Date

120023
Certificate Number

10/28/2016
Expiration Date

Tel. # (718) 326-2924 Fax # (718) 521-4530

Email asbestosreport@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



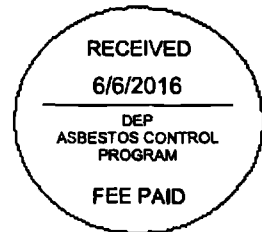
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



252-58858



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
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1 Floor	Front right wall next to staircase	Plaster	2	No	No
1 Floor	Middle section left side wall	Plaster	2	No	No
1 Floor	Rear right side wall	Plaster	2	No	No
2 Floor	Staircase right side wall	Plaster	2	No	No
2 Floor	Middle section right side wall	Plaster	2	No	No
2 Floor	Rear left side wall	Plaster	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp.	11999	6/3/2016

11. NYS DOL Asbestos Handling license # 58697 Company Name A & A Building Consultants, Inc.

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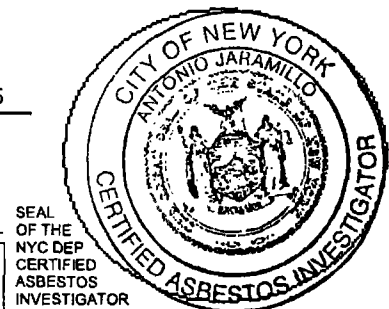
I hereby declare the information provided herein is true and complete

ANTONIO JARAMILLO 6/6/2016 120023 10/28/2016
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