



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11375
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (If applicable) _____ Control Number: 3246997
2. Premise No. 829 Street Name Greene Avenue Borough Brooklyn Zip 11221
3. AKA _____ Type of Facility Residence BIN 3043803 Block 01615 Lot 0065
4. Building Owner Seth Dyer Address 829 Greene Avenue
5. City Brooklyn State NY Zip 11221 Contact Person Seth Dyer
6. Tel. # (917) 282-3426 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Convert existing residential building to a 4 family residential building.

8. I, ANTONIO JARAMILLO, have conducted an asbestos investigation on
06/06/2016 2:00PM-3:00PM 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 stated 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): _____

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.

- ☐ 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	Front side ceiling	Plaster	1	No	No
Cellar	Middle section ceiling	Plaster	1	No	No
Cellar	Rear side ceiling	Plaster	1	No	No
Basement	Kitchen right side wall	Drywall	1	No	No
Basement	Bathroom left partition wall	drywall	1	No	No

I hereby declare the information provided herein is true and complete

ANTONIO JARAMILLO 6/13/2016 120023 10/28/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number 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 800/5-85-024 and 800/5-85-030a and 40 CFR 763.88.

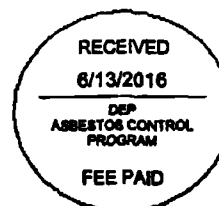


Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No





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



Basement	Front room right partition wall	Drywall	1	No	No
1 Floor	Rear room left partition wall	Plaster	1	No	No
1 Floor	Middle section left partition wall	Plaster	2	No	No
1 Floor	Front room left side wall	Plaster	2	No	No
2 Floor	Rear room ceiling	Plaster	2	No	No
2 Floor	Rear room back wall	Plaster	2	No	No
2 Floor	Front room left partition wall	Plaster	2	No	No
2 Floor	Front room front side wall	Plaster	2	No	No
3 Floor	Rear room ceiling	Plaster	2	No	No
3 Floor	Kitchen left partition wall	Plaster	2	No	No
3 Floor	Bathroom left partition wall	Drywall	1	No	No
3 Floor	Front room ceiling	Plaster	2	No	No
3 Floor	Front room left partition wall	Plaster	2	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp.	11998	6/7/2016

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

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

I hereby declare the information provided herein is true and complete

ANTONIO JARRELLLO 6/13/2016 120023 10/28/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number 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 560/5-85-030s and 40 CFR 763.86.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



6/13/2016 1:52:53 PM

Page 2 of 2 ACP6 02/2011