



NYC DEPARTMENT OF ENVIRONMENTAL
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing
ASBESTOS ASSESSMENT REPC ...



1. NYC DOB Job # (if applicable) _____ **Control Number: 3278652**
2. Premise No. 1371 Street Name Linden Blvd. Borough Brooklyn Zip 11212
3. AKA _____ Type of Facility Residence BIN 3326602 Block 03633 Lot 0001
4. Building Owner Patrick E Gorman Housing Address 1381A Linden Boulevard
5. City Brooklyn State NY Zip 11212 Contact Person Cambell Walter
6. Tel. # (718) 498-5222 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Installation of standby equipment for cogeneration system installed in 1381 Linden BLVD. No change in use egress or occupancy.

8. I, MATTHEW STOCK, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

12/16/2016 10:30AM-12:00PM

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).

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
C & 1	Throughout	Cinderblock & Mortar	6	No	No
C & 1	Throughout	Ceiling & Floor Cement	5	No	No
1	Exterior	Brick & Mortar	4	No	No

I hereby declare the information provided herein is true and complete

MATTHEW STOCK 12/22/2016 116516 8/9/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 875-9506 Fax # _____

Email mattstock@msn.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



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11506	12/19/2016

11. NYS DOL Asbestos Handling license # 28954 Company Name GAC Environmental, Inc.

I hereby declare the information provided herein is true and complete

MATTHEW STOCK 12/22/2016 116516 8/9/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 875-9506 Fax # _____

Email mattstock@msn.com

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