

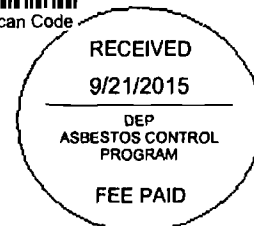


ENVIRONMENTAL PROTECTION

Control Program

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3205395**
2. Premise No. 449 Street Name Troutman Street Borough Brooklyn Zip 11237
3. AKA _____ Type of Facility Other BIN 3072429 Block 03178 Lot 0030
4. Building Owner Pencil, LLC Address 41 Box Street
5. City Brooklyn State NY Zip 11222 Contact Person Harold Block
6. Tel. # (718) 389-6100 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Herewith filing to obtain new certificate of occupancy, establish the existing IMD residential units to resolve violations: 34308108Y, 34560810Z, 34560811K, 34560813Y, 34622854L, 34560812M. Work to include general construction, plumbing legalize existing non-re sinks, stall showers, non-gas hot water heaters and water closets. All work completed except at trash chutes on each floor. No work in any other areas of the building.

8. I, JEAN RENSINK, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

09/10/2013 8:00AM-9:00AM

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: 15000 sq. ft 1000 linear ft.
Specify locations (attach additional documents as necessary):
Pipe insulation, mastic/adhesives, subflooring, millboard, flashing, fire doors, floor tile/linoleum, plaster, roofing, flashing, caulking assumed to contain asbestos.
- ☐ 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,1-4	Partial	Sheetrock	8	No	
Roof	Entire	Roofing, flashing, tar, caulking	0	Yes	Yes

I hereby declare the information provided herein is true and complete

JEAN RENSINK
DEP Certified Asbestos Investigator's Signature

9/21/2015
Date

123114
Certificate Number

5/7/2016
Expiration Date

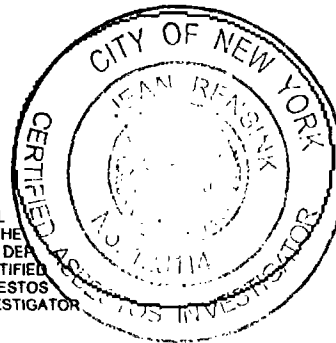
Tel. # (845) 782-4443

Fax # _____

Email jeanrensink@aol.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



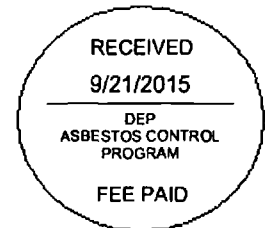
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



25216377



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



C, 1-4	Entire	Pipe insulation, mastic/adhesives, subflooring, millboard, flashing, fire doors, floor tile/linoeum, plaster,	0	Yes	Yes
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab Corp.	11999	10/1/2013

11. NYS DOL Asbestos Handling license # 28946 Company Name AA Services, LLC

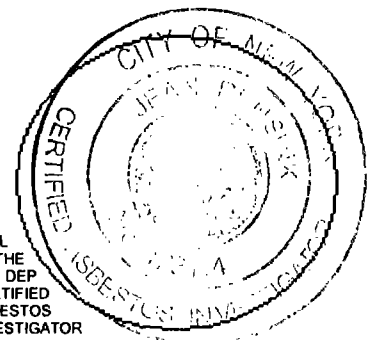
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JEAN RENSINK 9/21/2015 123114 5/7/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (845) 782-4443 Fax # _____ Email jeanrensink@aol.com

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