



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



1. NYC DOB Job # (if applicable) _____ **Control Number: 328**
2. Premise No. 15 Street Name Crown Street Borough Brooklyn Zip 11225
3. AKA _____ Type of Facility _____ BIN 3029717 Block 01189 Lot 0068
4. Building Owner 15 Crown Street LLC C/O Sterling Address 123-01 Roosevelt Avenue
5. City Flushing State NY Zip 11368 Contact Person Andrew Cairns
6. Tel. # (718) 803-4061 Fax # _____ Email AndrewC@STERL.com

7. Description of the Entire Scope of Work
ARCHITECTURAL AND PLUMBING MODIFICATIONS TO APT 5J ON 5TH FLOOR PER PLANS. NO CHANGE IN USE, EGRESS, OR OCCUPANCY.

8. I, ALEXANDER ARRIGO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

12/21/2016 9:00AM-4:00PM 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
Date(s)

- ☒ 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
5	Unit 5J	Plaster; Scratch Coat, Plaster; Skim Coat, Interior Window Frame Caulk, Drywall, Joint Compound - as per CES report dated 4/25/16	0	No	No
5	Unit 5J	Setting Bed associated with Beige Ceramic Floor Tile	2	No	No
5	Unit 5J	Grout associated with Beige Ceramic Floor Tile	2	No	No

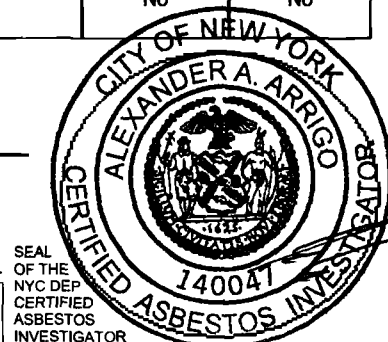
I hereby declare the information provided herein is true and complete

ALEXANDER ARRIGO 1/31/2017 140047 4/9/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 290-6323 Fax # _____

Email arrigo.alex@gmail.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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5	Unit 5J	Caulk around Bathtub and Sink	2	No	No
5	Unit 5J	Glue associated with Beige Ceramic Wall Tile	2	No	No
5	Unit 5J	Grout associated with Beige Ceramic Wall Tile	2	No	No
5	Unit 5J	Setting Bed associated with Beige Ceramic Floor Tile	2	No	No
5	Unit 5J	Grout associated with Beige Ceramic Floor Tile	2	No	No
5	Unit 5J	Wood Flooring, Bare Radiator Pipes, Bare Bathroom Pipes, Ceramic Floor Tiles - all non-suspect materials	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11506	12/23/2016

11. NYS DOL Asbestos Handling license # 28668 Company Name Creative Environment Solutions Corporation

I hereby declare the information provided herein is true and complete

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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