



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: 3297609**

2. Premise No 627 Street Name 5 Avenue Borough Brooklyn Zip 11215

3. AKA _____ Type of Facility Commercial BIN 3016737 Block 00873 Lot 0006

4. Building Owner Aarons Realty LLC Address PO Box 2901

5. City Huntington State NY Zip 11746 Contact Person Howard Mankin

6. Tel # (718) 768-7900 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Add outdoor table service to existing eating and drinking establishment.

8. I, EDMUND FARKOUH, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

02/13/2017 3:30PM-4:15PM

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
1	Area affected by this application	none	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 28878 Company Name Parker House Services, Inc.

I hereby declare the information provided herein is true and complete

EDMUND FARKOUH

4/28/2017

116741

10/18/2017

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel # (917) 859-5651 Fax # _____

Email ejftech@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

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



25313185



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

ASBESTOS ASSESSMENT REPORT

1 NYC DOB Job # (if applicable) _____ **Control Number: 3297609**2 Premise No. 627 Street Name 5 Avenue Borough Brooklyn Zip 112153 AKA _____ Type of Facility Commercial BIN 3016737 Block 00873 Lot 00064 Building Owner Aarons Realty LLC Address PO Box 29015 City Huntington State NY Zip 11746 Contact Person Howard Mankin6 Tel. # (718) 768-7900 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Add outdoor table service to existing eating and drinking establishment.8. I, EDMUND FARKOUH, have conducted an asbestos investigation on*Name of Certified Asbestos Investigator*02/13/2017 3:30PM-4:15PM in accordance*Date(s)*

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
1	Area affected by this application	none	0	No	No

10 ANALYTICAL LABORATORY

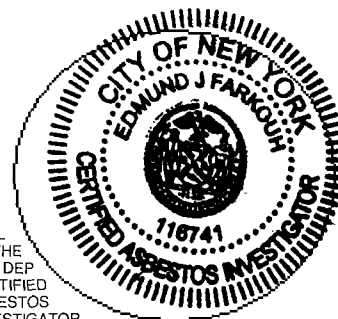
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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EDMUND FARKOUH 4/28/2017 116741 10/18/2017
*DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date*Tel # (917) 859-5651 Fax # _____Email ejftech@gmail.com

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