



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: 3328893**

2. Premise No. 220 Street Name RANDOLPH ST Borough Brooklyn Zip 11237

3. AKA _____ Type of Facility Commercial BIN 3323443 Block 02989 Lot 0009

4. Building Owner NTM PROPERTIES, LLC Address 220 RANDOLPH ST

5. City BROOKLYN State NY Zip 11237 Contact Person SIXTO

6. Tel. # (718) 785-6091 Fax # _____ Email _____

7. Description of the Entire Scope of Work

THIS ACP5 IS FILED TO CHANGE THE NUMBER OF MODINI (GAS HEATER) MENTIONED IN THE ACP5 WITH CONTROL #3326715. " TO INSTALL 06 MODINI (GAS HEATER) WALL HANGER ON AN OPEN SPACE AND RUN ABOUT 100 SF GAS LINE OF 2"X3/4" SIZE. AS PER PLANS."

8. I, ARSHAD SHABIR, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

06/20/2017 2:45PM-3:45PM

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).



SC170425035 Scan Code

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
1ST FL	OPEN SPACE	MODINI(GAS HEATER), GAS LINE. MODINI WILL BE INSTALL ON THE STEEL HANGERS.WHICH IS NOT SUSPECTED ACM.	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
------	--------------------------------	--------------------------

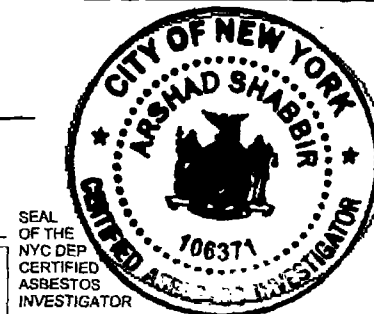
I hereby declare the information provided herein is true and complete

ARSHAD SHABIR 7/5/2017 106371 7/7/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 350-3371 Fax # _____

Email jhelumpak@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 560/5-85-030a and 40 CFR 763.86.



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



25345125



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



11. NYS DOL Asbestos Handling license # 77997 Company Name Global Expediting



I hereby declare the information provided herein is true and complete

ARSHAD SHABBIR 7/5/2017 106371 7/7/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 350-3371 Fax # _____

Email jhelumpak@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 560/5-85-030a and 40 CFR 763.86.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



25345125