



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: 3340191**
2. Premise No. 69 Street Name Cedar Street Borough Brooklyn Zip 11221
3. AKA _____ Type of Facility Residence BIN 3073403 Block 03227 Lot 0044
4. Building Owner Hart Group USA LLC Address 320 Roebling St, #634
5. City Brooklyn State NY Zip 11211 Contact Person Benjamin Silberstein
6. Tel. # (347) 876-1936 Fax # _____ Email lsaaca165@gmail.com
7. Description of the Entire Scope of Work
Interior renovation of Apt. 3R & 3L

8. I, GERALD NWANJI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
09/08/2017 7:00AM-8:00AM 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).

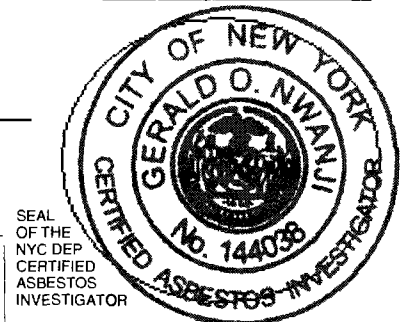
9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
3	Apt.3R & 3L	Wall plaster	5	No	No
3	Apt.3R & 3L	Ceiling plaster	5	No	No
3	Apt.3R & 3L	Drywall	2	No	No
3	Apt.3R & 3L	Joint compound	3	No	No
3	Apt.3R & 3L	Grout	2	No	No
3	Apt.3L	12"x12" vinyl floor tiles	2	No	No

I hereby declare the information provided herein is true and complete

GERALD NWANJI 9/12/2017 144038 3/3/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (718) 854-1111 Fax # _____
Email info@activegroupny.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
Metro Analytical Laboratories	12003	9/11/2017

11. NYS DOL Asbestos Handling license # 102178 Company Name Charis Consultant Services LLC

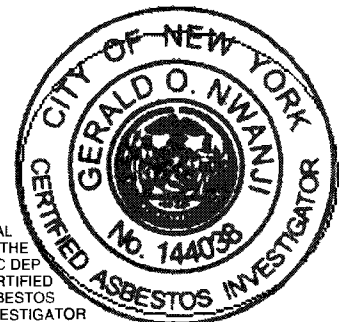
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