



NYC DEPARTMENT
A:
59-17 Junction B
ASBEST



1. NYC DOB Job # (if applicable) _____ Control Number: 3343264

2. Premise No. 2713 Street Name CHURCH AVENUE Borough Brooklyn Zip 11226

3. AKA _____ Type of Facility School BIN 3117002 Block 05091 Lot 0078

4. Building Owner EGON RILEY Address 2713 CHURCH AVENUE

5. City BROOKLYN State NY Zip 11226 Contact Person LATOYA RILEY

6. Tel. # (347) 499 1743 Fax # _____ Email _____

7. Description of the Entire Scope of Work

INSTALLING FIRE ALARM SYSTEM IN SPACE TO BE USED AS DAY CARE CENTER.

8. I, WILLIAM ROSS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

08/09/2015 2:00PM-3:15PM, 09/26/2017 10:30AM-11:15AM 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. 160 sq. ft linear ft
Specify locations (attach additional documents as necessary):
SAMPLES OF 12"x 12" VINYL FLOOR TILES WERE NOT TAKEN BECAUSE THERE IS NO PLAN TO DISTURB THEM. THEY ARE BEING 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
GROUND FLOOR	ENTIRE	DRYWALL	4	No	
GROUND FLOOR	ENTIRE	12"x 12" VINYL FLOOR TILES	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
CARDNO ATC	10879	8/17/2015

I hereby declare the information provided herein is true and complete

WILLIAM ROSS 9/29/2017 117399 3/12/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel # (646) 235-3976 Fax # (718) 277-3715

Email wross44@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 §§ 1-35 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
NYO DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



25360764



NYC DEPARTMENT

59-17 Junction

ASBESTOS

11. NYS DOL Asbestos Handling license # 29519 Company Name W. D. ROSS, R.A., P.C.

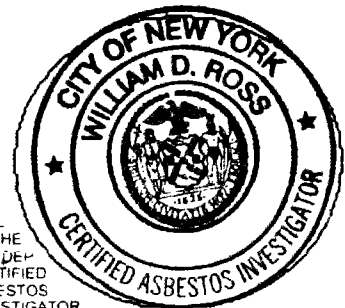
William D. Ross
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7-360704