



ARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3344654**
2. Premise No 969 Street Name 55 Street Borough Brooklyn Zip 11219
3. AKA _____ Type of Facility Residence BIN 3139223 Block 05673 Lot 0062
4. Building Owner 969 55TH STREET LLC Address 969 55 Street
5. City Brooklyn State NY Zip 11219 Contact Person TOM ZHENG
6. Tel. # (813) 666-7116 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Proposed vertical extension fro 4-family attached residence. Obtain C.O.

8. I, GAVIN KWAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/01/2017 10:00AM-10:30AM 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: 1400 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
1FL, 2FL rooms excluding kitchen and bathroom floor-linoleum
☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

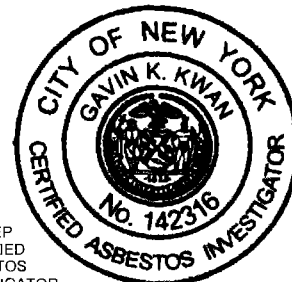
FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Cellar, 1FL, 2FL	Partition	Sheetrock	3	No	
1FL, 2FL	Rooms excluding kitchen and bathroom floor	Linoleum	0	Yes	Yes
Roof	Roof	Roofing membrane	2	No	
Roof	Roof	Flashing	2	No	

I hereby declare the information provided herein is true and complete

GAVIN KWAN GK 10/9/2017 142316 9/11/2018
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*
Tel # (917) 361-9191 Fax # _____
Email gnkasbestos@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





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	10/6/2017

11. NYS DOL Asbestos Handling license # 103977 Company Name Kinetic Design Consultant LLC

I hereby declare the information provided herein is true and complete

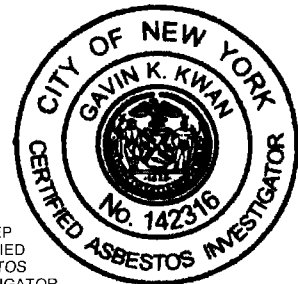
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