



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: 3378812**
2. Premise No. 693 Street Name Union Street Borough Brooklyn Zip 11215
3. AKA _____ Type of Facility _____ BIN 3019727 Block 00952 Lot 0061
4. Building Owner 693 UNION STREET LLC Address 808 UNION STREET, SUITE # 2
5. City BROOKLYN State NY Zip 11215 Contact Person NICHOLAS G KOTSONIS (MANAGING MEMBER)
6. Tel. # (718) 638-2693 Fax # _____ Email _____

7. Description of the Entire Scope of Work

HEREBY FILING FOR INSTALLATION OF REPLACEMENT BOILER IN NEW BOILER ROOM ENCLOSURE. INSTALL NEW METAL CHIMNEY AS PER PLANS. FILING TO ADDRESS VIOLATION #32092143R.

NOTE: This acp5 is issued strictly and limited to the work area as per job description above, if there is any change, amending plans, adding or extending the work area, if during work any insulated pipe or unreachable material behind walls or any acm suspect appears, stop the work immediately, the contact person, contractor or owner must call the investigator Julio Corporan for re-inspection, Failure to do so the Owner, Management or Requester will be responsible to pay any violations issue to the inspector

8. I, JULIO CORPORAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

01/16/2018 1:00PM-1:30PM

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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Cellar		Middle wing boiler room, TSI at front end	Corrugated Air-cell piping insulation	0	Yes	Yes

I hereby declare the information provided herein is true and complete

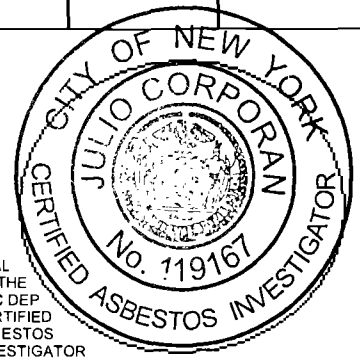
JULIO CORPORAN 1/17/2018 119167 8/17/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 270-2876 Fax # _____

Email Julio.Corporan@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, 40 CFR 763.80, 40 CFR 763.85

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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
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11. NYS DOL Asbestos Handling license # 94723 Company Name Julio J. Corporan

I hereby declare the information provided herein is true and complete

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