



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: 3388387**2. Premise No. 25 Street Name LAFAYETTE AVENUE Borough Brooklyn Zip 112173. AKA _____ Type of Facility Residence BIN 3059181 Block 02108 Lot 00214 Building Owner ALYSSA MALIN Address 1065 AVENUE OF THE AMERICAS5 City MANHATTAN State NY Zip 10018 Contact Person TIMMY MYERS6 Tel # (718) 836-1324 Fax # _____ Email _____7. Description of the Entire Scope of Work
AT CELLAR FILING FOR LAUNDRY ROOM & EQUIPMENT. LAUNDRY ROOM AND EQUIPMENT IN PLACE AT TIME OF SURVEY.
PHOTOS TAKEN.8 I, RICHARD MURDISON, have conducted an asbestos investigation on*Name of Certified Asbestos Investigator*03/13/2018 10:15AM-11:00AM 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. 102 linear ft.

Specify locations (attach additional documents as necessary):

CELLAR LAUNDRY ROOM: PIPE INSULATION 102LN☐ 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		LAUNDRY ROOM PIPE	INSULATION 102 LINEAR FEET	0	Yes	Yes
Cellar		LAUNDRY ROOM WALLS	CEMENTITIOUS	3	No	No
Cellar		LAUNDRY ROOM CEILING	CEMENTITIOUS	3	No	No

I hereby declare the information provided herein is true and complete

Richard Murdison
RICHARD MURDISON
DEP Certified Asbestos Investigator's Signature3/19/2018

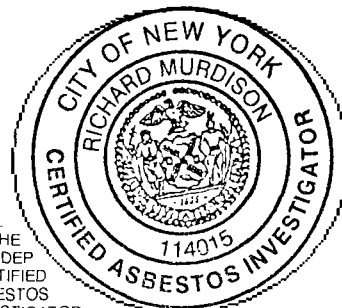
Date

114015

Certificate Number

5/15/2019

Expiration Date

Tel # (516) 984-4315 Fax # _____Email rmurdison@aol.comSEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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

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
AMERI SCI	11480	3/16/2018

11. NYS DOL Asbestos Handling license # 61090 Company Name Allied Asbestos Services LLC

I hereby declare the information provided herein is true and complete

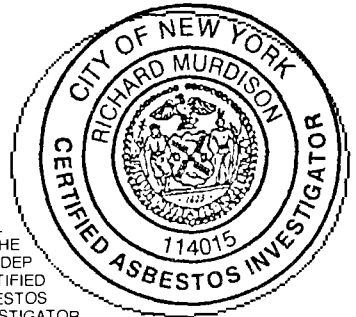
Richard Murdison 3/19/2018 114015 5/15/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 984-4315 Fax # _____

Email rmurdison@aol.com

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