



NYC DEPART

59-17 Junc

ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3376531**
2. Premise No. 1128 Street Name Eastern Parkway Borough Brooklyn Zip 11213
3. AKA _____ Type of Facility Commercial BIN 3037571 Block 01397 Lot 0006
4. Building Owner Rueven Salman Address 35 Journal Square
5. City Jersey City State NJ Zip 07306 Contact Person Rueven Salman
6. Tel. # (201) 680-7100 Fax # _____ Email _____
7. Description of the Entire Scope of Work
DEMOLITION OF CELLAR, FIRST, AND SECOND FLOOR. NO CHANGE IN
USE, EGRESS, OR OCCUPANCY.

If Any Additional Suspect Material Or Obvious Asbestos Material Is Found During Construction Work Should
Stop And The Investigator Should Be Notified Or Work Stop And Material Abated With Proper Procedures.

8. I, AARON DANCY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/20/2017 1:00PM-2:30PM 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 125 linear ft.
Specify locations (attach additional documents as necessary):
Pipe Insulation Within Walls Of Premises

- ☐ 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
Building Floors	1 to 2	Entire Including Cellar (Wall/Ceiling)	Sheetrock	7	No	No
Building Floors	1 to 1	Rear Room/Main Area	12x12 Floor Tile W. Mastic	2	No	No

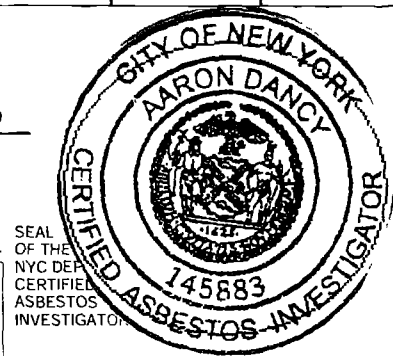
I hereby declare the information provided herein is true and complete

AARON DANCY 12/28/2017 145883 10/29/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 847-1544 Fax # _____

Email dordancy@yahoo.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



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
ASBESTOS ASSESSMENT REPORT



Building Floors	1 to 1	Ceiling	Ceiling Tile	2	No	No
Building Floors	1 to 1	Rear Bathrooms	Linoleum w. Mastic	2	No	No
Facade	1 to 2	OSP	Mortar	2	No	No
Cellar		Ceiling Area Left Corridor	Spray On Insulation	3	No	No
Building Floors	1 to 2	Interior Walls	Pipe Insulation Within Walls Of Premises (Approximately 125 LF)	0	No	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	12/26/2017
Metro Analytical Laboratories	12003	12/27/2017

11. NYS DOL Asbestos Handling license # 79881 * Company Name Dancy Environmental

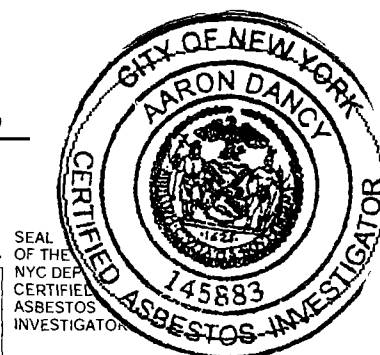
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