



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT

DEPT BLDGS Job No. 321768654
Scan Code ESHS1992033

FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 3479120**
2. Premise No. 1370 Street Name Ralph Ave Borough Brooklyn Zip 11236
3. AKA _____ Type of Facility _____ BIN 3222189 Block 07932 Lot 0075
4. Building Owner BLOCK 7918 REALTY CORP Address 1370 Ralph Ave
5. City Brooklyn State NY Zip 11236 Contact Person Carl Mentor
6. Tel. # (347) 584-9978 Fax # _____ Email _____
7. Description of the Entire Scope of Work
INSTALL 2 STAIRS AS EXITS FROM 2ND FLOOR CATERING AREA TO 1ST FLOOR. NO WORK TO BE DONE IN THE REST OF BUILDING UNDER THIS APPLICATION

8. I, KOSTA KAMBERIS, have conducted an asbestos investigation on
09/15/2018 2:00PM-3:00PM in accordance
09/15/2018 2:00PM-3:00PM 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: 1450 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
1. 2nd floor offices and catering area, ceiling tiles
☐ 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	throughout	gypsum board/joint compounds	4	No	
Building Floors	2 to 2	offices, rooms	floor tiles 12"x12" with inseparable glue	2	No	
Building Floors	2 to 2	offices, catering area	ceiling tiles	0	Yes	Yes

I hereby declare the information provided herein is true and complete

KOSTA KAMBERIS 9/21/2018 117761 5/21/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 396-5556 Fax # _____

Email kamberis@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 §§ 1-36, 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.

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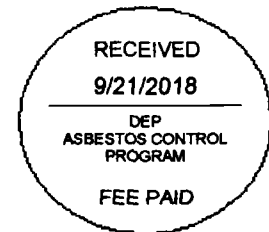
Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ALPHA LABS, LLC	11833	9/20/2018

11. NYS DOL Asbestos Handling license # 28442 Company Name Environmental Management Services, Inc.

I hereby declare the information provided herein is true and complete

KOSTA KAMBERIS 9/21/2018 117761 5/21/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 396-5556 Fax # _____

Email kamberis@aol.com

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