



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

DEPT BLDGS 321785993 Job Number

SC170425035 Scan Code



1. NYC DOB Job # (if applicable) _____ **Control Number: 3388948**
2. Premise No. 351 Street Name 9 STREET Borough Brooklyn Zip 11215
3. AKA _____ Type of Facility Other BIN 3022136 Block 01005 Lot 7502
4. Building Owner PROSPECT PARK BRANCH YMCA Address 351, 9 STREET
5. City BROOKLYN State NY Zip 11215 Contact Person RICHARD BIANCHI
6. Tel. # (212) 630-9606 Fax # _____ Email RBIANCHI@YMCYNYC.ORG

7. Description of the Entire Scope of Work

FILING FOR MODIFICATION TO EXISTING FIRE ALARM SYSTEM BY
INSTALLING ADDITIONAL FIRE ALARM DEVICES TAMPERS AND FLOW
SWITCH; NO CHANGE TO USE, EGRESS OR OCCUPANCY.

If any suspect material that was not previously tested is encountered during the renovation and the material is subject to the renovation work, all work must stop and the Asbestos Investigator must be notified in order to test the material. The suspect material should be assumed ACM until confirmed by laboratory analysis to be non-ACM.

8. I, CAMERON HOLLANDS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

03/02/2018 9:00AM-10:30AM

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
Basement		PROGRAM OFFICE	2' X 2' CEILING TILE	2	No	No
Basement		STORAGE ROOM & STAIRCASE	SHEETROCK & JOINT COMPOUND	4	No	No

I hereby declare the information provided herein is true and complete

CAMERON HOLLANDS

3/22/2018

147910

2/22/2020

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (718) 937-3720

Fax # _____

Email chollands@airtekenv.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



25405211



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Building Floors	1 to 1	STAIRCASE	SHEETROCK & JOINT COMPOUND	4	No	No
Building Floors	7 to 7	CAFETERIA CEILING	SHEETROCK & JOINT COMPOUND	4	No	No
Building Floors	7 to 7	CONFERENCE ROOM CEILING	SHEETROCK & JOINT COMPOUND	4	No	No
Building Floors	7 to 7	OFFICE AREA WALLS	SHEETROCK & JOINT COMPOUND	4	No	No
Building Floors	6 to 6	KITCHEN WALLS & CEILING	SHEETROCK & JOINT COMPOUND	6	No	No
Building Floors	1 to 1	HALLWAYS - CEILINGS	SHEETROCK & JOINT COMPOUND	6	No	No
Building Floors	1 to 2	THROUGHOUT	CONCRETE SLAB CEILING	0	No	No
Building Floors	1 to 2	THROUGHOUT	NON-SUSPECT NEW FIBERGLASS PIPE INSULATION	0	No	No
Basement		ALL LOCKER ROOMS	CEILING PLASTERS	11	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AIRTEK ENV.	11040	3/13/2017
AIRTEK ENV.	11040	3/29/2017

11. NYS DOL Asbestos Handling license # 28638 Company Name Airtek Environmental Corporation

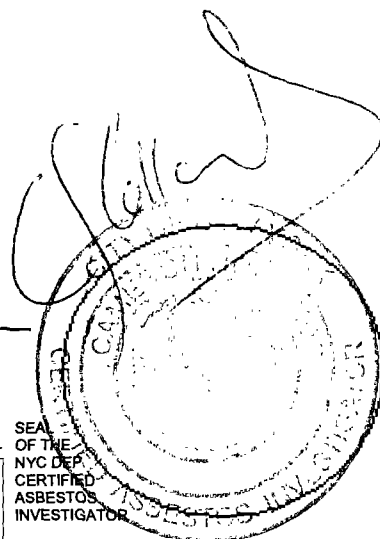
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CAMERON HOLLANDS 3/22/2018 147910 2/22/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 937-3720 Fax # _____

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