



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: 3614633**
2. Premise No. 1626 Street Name PITKIN AVENUE Borough Brooklyn Zip 11212
3. AKA _____ Type of Facility Commercial BIN 3081006 Block 03519 Lot 0034
4. Building Owner J & J HOLDING CORP. / SAM GABBAI Address 1626 PITKIN AVENUE,
5. City BROOKLYN State NY Zip 11212 Contact Person MARILYN ST. JOHN
6. Tel. # (917) 941-7842 Fax # _____ Email _____
7. Work Type PL Plumbing, General Construction

Description of the Entire Scope of Work
CONVERTING EXISTING SHOE STORE TO RESTAURANT.

8. I, WILLIAM ROSS, have conducted an asbestos investigation on
06/16/2019 2:00PM-3:30PM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
☐ 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.
☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Cellar	ENTIRE	DRYWALL	2	No					
Cellar	ENTIRE	MORTAR	5	No					

William D. Ross
WILLIAM ROSS
DEP Certified Asbestos Investigator's Signature

7/19/2019

Date

117399

Certificate Number

3/12/2020

Expiration Date

Tel. # (646) 235-3976 Fax # (718) 277-3715

Email wross44@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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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



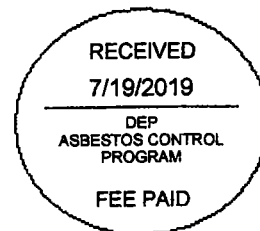
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Ground Floor	ENTIRE	24"x 24" DROP CEILING PANEL	2	No					
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ATC GROUP SERVICES LLC	10879	7/15/2019
ATC GROUP SERVICES LLC	10879	7/16/2019

11. NYS DOL Asbestos Handling license # 29519 Company Name W. D. Ross, R.A., P.C.

12. Comment

I hereby declare the information provided herein is true and complete

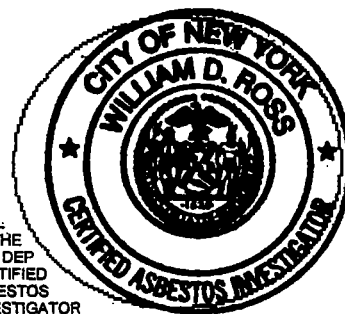
WILLIAM ROSS 7/19/2019 117399 3/12/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 235-3976 Fax # (718) 277-3715

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