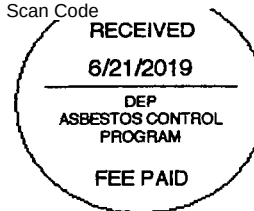




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3600805**
2. Premise No. 8732 Street Name BAY PARKWAY Borough Brooklyn Zip 11214
3. AKA _____ Type of Facility Residence BIN 3320699 Block 06414 Lot 0057
4. Building Owner MSCH PROPERTIES, LLC Address 8732 BAY PARKWAY
5. City BROOKLYN State NY Zip 11214 Contact Person TERRY VOVOUDAKIS
6. Tel. # (718) 256-9400 Fax # _____ Email _____
7. Work Type PL Plumbing, General Construction



Description of the Entire Scope of Work

FILE INTERIOR RENOVATION TO PORTION OF CELLAR AS SHOWN ON PLANS ONLY. PHOTOS T1

8. I, CHRISTOPHER GERMANO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

06/19/2019 9:30AM-10:30AM 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. 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: 0 sq. ft 50 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	CEILING	CEMENTITIOUS	3	No	No				
Cellar	INTERIOR WALLS	CEMENTITIOUS	3	No	No				

I hereby declare the information provided herein is true and complete

CHRISTOPHER GERMANO 6/21/2019 128025 1/18/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (631) 356-3170 Fax # _____

Email suffolkcop@gmail.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.

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

