



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 1137
ASBESTOS ASSESSMENT REPORT



FEE PAID

1. NYC DOB Job # (if applicable) _____ **Control Number: 3583260**
2. Premise No. 319 Street Name MALCOLM X BLVD Borough Brooklyn Zip 11233
3. AKA _____ Type of Facility Residence BIN 3047848 Block 01687 Lot 0005
4. Building Owner 319 MALCOLM X OWNER LLC Address 160 BROADWAY, SUITE 501
5. City NEW YORK State NY Zip 10038 Contact Person SAM KOORIS
6. Tel. # (212) 845-9193 Fax # _____ Email SAM@VENTURES-ALCHEMY.COM
7. Work Type PL Plumbing, General Construction

Description of the Entire Scope of Work

INTERIOR RENOVATION FOR APT 2R AND APT 3R FOR MINOR PARTITION WORK AND PLUMBING WORK.

8. I, TONG SING LEE, have conducted an asbestos investigation on
04/18/2019 5:30PM-6:15PM in accordance
Name of Certified Asbestos Investigator 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: _____ 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
Building Floors-002 to 002	APT 2R - KITCHEN, BEDROOM, LIVING ROOM	WALL PLASTER, WALL COMPOUND	6	No	No				a

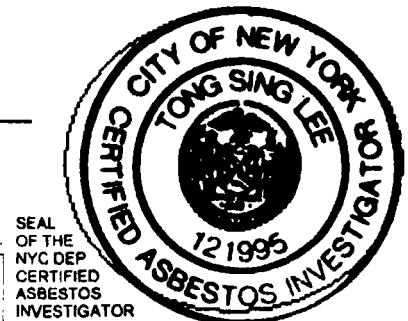
I hereby declare the information provided herein is true and complete

TONG SING LEE 5/6/2019 121995 4/16/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 623-0290 Fax # _____

Email tslee202020@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.



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





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Building Floors-002 to 002	APT 2R - KITCHEN, BEDROOM, LIVING ROOM	EXISTING HARDWOOD FLOOR TO BE REMAINED.	0	No	No				a
Building Floors-003 to 003	APT 3R - LIVING ROOM, BEDROOM, KITCHEN	EXISTING HARDWOOD FLOOR TO BE REMAINED.	0	No	No				a
Building Floors-003 to 003	APT 3R - LIVING ROOM, BEDROOM, KITCHEN	WALL PLASTER, WALL COMPOUND	6	No	No				a

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
METRO ANALYTICAL LABORATORIES	12003	5/3/2019

11. NYS DOL Asbestos Handling license # 66067 Company Name TSL Building Service Inc.

12. Comment

I hereby declare the information provided herein is true and complete

TONG SING LEE 5/6/2019 121995 4/16/2020
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