



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: 3637137**

2. Premise No. 404 Street Name East 49th. Street, Borough Brooklyn Zip 11203

3. AKA _____ Type of Facility Residence BIN 3102049 Block 04674 Lot 0034

4. Building Owner Bushwick Homes, LLC., Address 250 Batchelder Street,

5. City Brooklyn. State NY Zip 11203 Contact Person Leonard Galper.

6. Tel. # (917) 608-8256 Fax # _____ Email _____

7. Work Type General Construction

Description of the Entire Scope of Work

Filing to renovate an existing fire-damaged property into mixed-use commercial space (in cellar) and 3-family residence. New wall partitions and floors.

8. I, VICTOR ESCALONA, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
06/25/2019 12:15PM-3:30PM 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. 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 20 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
Attic	Entire attic area.	Wall mortar, attic insulation materials.	5	No	No				

I hereby declare the information provided herein is true and complete

VICTOR ESCALONA 10/12/2019 118264 6/11/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 792-2832 Fax # (718) 904-9117

Email commerciallab@msn.com

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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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RECEIVED

10/12/2019

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

Building Floors-2	Entire 2nd. floor area.	Wall plaster, ceiling, joint compound, sheetrock, wall glue, wall grout, floor grout, wall mortar, wall insulation materials.	24	No	No				
Building Floors-1	Entire 1st. floor area.	Wall plaster, ceiling, joint compound, sheetrock, wall grout, floor grout, wall mortar, wall insulation, floor tile materials.	24	No	No				
Cellar	Entire cellar area.	Wall mortar, joint compound, sheetrock, wall grout materials.	11	No	No				
Cellar	Entire cellar area (behind walls).	Pipe insulation material.	0	Yes	Yes		20	No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories, Inc.,	12003	6/26/2019
Metro Analytical Laboratories, Inc.,	12003	6/27/2019

11. NYS DOL Asbestos Handling license # 28947 Company Name Commercial Lab Enterprise

12. Comment

File #: 19207.

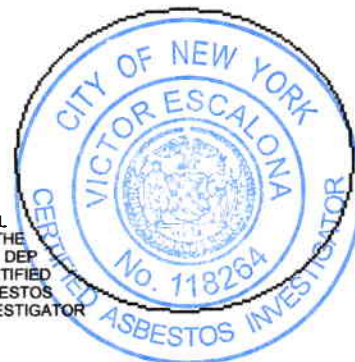
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