



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: 3687480**
2. Premise No. 9511 Street Name Shore Road Borough Brooklyn Zip 11209
3. AKA _____ Type of Facility Residence BIN 3155701 Block 6120 Lot 7502
4. Building Owner CO Builders Associates LLC Address 457 Midle Road
5. City Hudson State NY Zip 12534 Contact Person Tom
6. Tel. # (917) 771-6220 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

Interior Renovation of Eight Existing Apartments (Apt #'s 101, 103, 114, 207, 214, 301, 314, 403). Direct Replacement of Kitchen and Bathrooms. Repair Floors and Walls As Needed, Interior Finishing As Per Plans. All Work Completed at Time of Survey.

8. I, TERRENCE MILLER, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator
03/10/2020 9:00AM-9:45AM 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: 5095 sq. ft 0 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-1 to 1	Apt 103 Kitchen Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	315		No	c

I hereby declare the information provided herein is true and complete

TERRENCE MILLER 3/10/2020 143014 7/13/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 426-4610 Fax # _____

Email tmiller@alliedasbestosinspectors.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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Building Floors-1 to 1	Apt 114 Kitchen Ceiling	Sheetrock	0	Yes	Yes	135		No	c
Building Floors-2 to 2	Apt 207 Bathroom Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	210		No	c
Building Floors-2 to 2	Apt 214 Bathroom Ceiling	Sheetrock	0	Yes	Yes	40		No	c
Building Floors-3 to 3	Apt 301 Bathroom Floor	Ceramic Tile	0	Yes	Yes	40		No	c
Building Floors-4 to 4	Apt 403 Kitchen Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	315		No	c
Building Floors-1 to 1	Apt 101 Bathroom Ceiling	Sheetrock	0	Yes	Yes	40		No	c
Building Floors-1 to 1	Apt 114 Kitchen Walls	Sheetrock	0	Yes	Yes	145		No	c
Building Floors-2 to 2	Apt 207 Kitchen Ceiling	Sheetrock	0	Yes	Yes	90		No	c
Building Floors-2 to 2	Apt 214 Bathroom Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	210		No	c
Building Floors-3 to 3	Apt 301 Bathroom Ceiling	Sheetrock	0	Yes	Yes	40		No	c
Building Floors-3 to 3	Apt 314 Kitchen Ceiling	Sheetrock	0	Yes	Yes	110		No	c
Building Floors-1 to 1	Apt 103 Kitchen Ceiling	Sheetrock	0	Yes	Yes	135		No	c
Building Floors-1 to 1	Apt 114 Bathroom Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	210		No	c
Building Floors-2 to 2	Apt 207 Bathroom Ceiling	Sheetrock	0	Yes	Yes	40		No	c
Building Floors-2 to 2	Apt 214 Bathroom Floor	Ceramic Tile	0	Yes	Yes	40		No	c
Building Floors-3 to 3	Apt 314 Bathroom Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	210		No	c
Building Floors-4 to 4	Apt 403 Kitchen Ceiling	Sheetrock	0	Yes	Yes	135		No	c
Building Floors-1 to 1	Apt 101 Kitchen Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	285		No	c
Building Floors-1 to 1	Apt 103 Bathroom Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	210		No	c

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Building Floors-2 to 2	Apt 207 Bathroom Floor	Ceramic Tile	0	Yes	Yes	40		No	c
Building Floors-3 to 3	Apt 301 Kitchen Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	265		No	c
Building Floors-3 to 3	Apt 314 Bathroom Ceiling	Sheetrock	0	Yes	Yes	40		No	c
Building Floors-4 to 4	Apt 403 Bathroom Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	210		No	c
Building Floors-1 to 1	Apt 101 Bathroom Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	210		No	c
Building Floors-1 to 1	Apt 103 Bathroom Floor	Ceramic Tile	0	Yes	Yes	40		No	c
Building Floors-2 to 2	Apt 207 Kitchen Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	265		No	c
Building Floors-2 to 2	Apt 214 Kitchen Ceiling	Sheetrock	0	Yes	Yes	110		No	c
Building Floors-3 to 3	Apt 301 Bathroom Walls	Sheetrock/Ceramic Tile	0	Yes	Yes	210		No	c
Building Floors-3 to 3	Apt 314 Kitchen Walls	Sheetrock	0	Yes	Yes	145		No	c
Building Floors-4 to 4	Apt 403 Bathroom Floor	Ceramic Tile	0	Yes	Yes	40		No	c
Building Floors-1 to 1	Apt 101 Kitchen Ceiling	Sheetrock	0	Yes	Yes	110		No	c
Building Floors-1 to 1	Apt 103 Bathroom Ceiling	Sheetrock	0	Yes	Yes	40		No	c
Building Floors-1 to 1	Apt 114 Bathroom Floor	Ceramic Tile	0	Yes	Yes	40		No	c
Building Floors-2 to 2	Apt 214 Kitchen Walls	Sheetrock	0	Yes	Yes	145		No	c
Building Floors-3 to 3	Apt 301 Kitchen Ceiling	Sheetrock	0	Yes	Yes	110		No	c
Building Floors-3 to 3	Apt 314 Bathroom Floor	Ceramic Tile	0	Yes	Yes	40		No	c
Building Floors-4 to 4	Apt 403 Bathroom Ceiling	Sheetrock	0	Yes	Yes	40		No	c

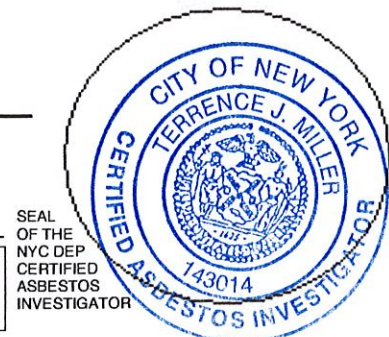
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 35362 Company Name Allied Asbestos Inspectors, Inc.

12. Comment

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