



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: 3704893**

2. Premise No. 224 Street Name East 95 Street Borough Brooklyn Zip 11212

3. AKA _____ Type of Facility Residence BIN 3100610 Block 04630 Lot 0025

4. Building Owner Gladstone Evanson Address 224 East 95 Street

5. City Brooklyn State NY Zip 11212 Contact Person Gennie A.

6. Tel. # (646) 399-9967 Fax # _____ Email _____

7. Work Type General Construction

Description of the Entire Scope of Work

Restoration to existing legal cellar conditions and to remove DOB violation. No change in use, egress or occupancy.

8. I, ROBERT COLQUHOUN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

06/10/2020 4:00PM-5:00PM 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: _____ 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	Partition Walls, Ceiling	Sheetrock	3	No	No				

I hereby declare the information provided herein is true and complete

ROBERT COLQUHOUN 6/15/2020 131788 2/20/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 220-5152 Fax # _____

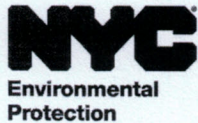
Email rcolquhoun2000@gmail.com



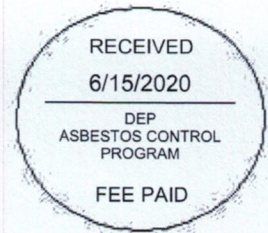
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86.

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





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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Saban Engineering Group...	198.1.	6/11/2020

11. NYS DOL Asbestos Handling license # 72943 Company Name Robert

12. Comment

I hereby declare the information provided herein is true and complete

ROBERT COLQUHOUN 6/15/2020 131788 2/20/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (347) 220-5152 Fax # _____
Email rcolquhoun2000@gmail.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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