



NYC DEPARTMENT
Asst
59-17 Junction Bo
ASBESTO



1. NYC DOB Job # (if applicable) _____ **Control Number: 3906592**
2. Premise No. 218 Street Name Classon Ave Borough Brooklyn Zip 11205
3. AKA _____ Type of Facility Residence BIN 3054907 Block 01909 Lot 0046
4. Building Owner 218 Classon Condominium LLC Address 700 Saint Marks Avenue
5. City Brooklyn State NY Zip 11216 Contact Person 218 Classon Condominium LLC
6. Tel. # (347) 405-6260 Fax # _____ Email _____
7. Work Type Full Demolition

Description of the Entire Scope of Work

FILED HEREWITH A FULL HAND DEMOLITION OF A 2 STORY AND CELLAR STRUCTURE

8. I, RAUL SANTANA III, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/26/2021 11:00AM-12:30PM 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
Building Floors-1 to 2	Throughout	Plaster	5	No	No				d
Cellar	Cell/ Bas- Throughout	Plaster	2	No	No				d

I hereby declare the information provided herein is true and complete

RAUL SANTANA III 11/4/2021
DEP Certified Asbestos Investigator's Signature Date

160679 4/27/2024
Certificate Number Expiration Date

Tel. # (862) 228-8304 Fax # _____

Email lmenvironmentalsafety01@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.

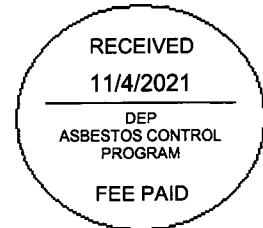


Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No





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



Building Floors-1	Front & Kitchen	Drywall	2	No	No				d
Building Floors-1 to 2	Bathroom	Grout	2	No	No				d
Building Floors-1 to 2	Center	Vapor Barrier	2	No	No				d
Building Floors-1 to 2	Front & Rear	Window Caulk	2	No	No				d
Building Floors-2	Front & Center	Ceiling Tile	4	No	No				d
Building Floors-2	Front	12 x 12 Floor Tile	2	No	No				d
Building Floors-2	Kitchen	12 x 12 Floor Tile	2	No	No				d
Building Floors-1	Front	Ceiling tile	2	No	No				d
Building Floors-1	Closet & Bathroom	12 x 12 Floor Tile	4	No	No				d
Cellar	Cell/ Bas- Front & Rear	Mortar	2	No	No				d
Cellar	Cell/ Bas- Center	FL-Adhesive	2	No	No				d
Cellar	Cell/ Bas- Center	FL-Mastic	2	No	No				d
Cellar	Cell/ Bas- Boiler Room	Flue Cement	2	No	No				d
Facade-1 to 2	Exterior Facade / Front & Rear	Stucco	2	No	No				d
Roof	Main & Lower Roof / Front & Center	Roof Material	2	No	No				d
Roof	Main Roof / Center	Chimney & Vent Tar	2	No	No				d
Facade-1 to 2	Exterior Facade / Left & Right	Siding Shingle	2	No	No				d
Facade-1 to 2	Exterior Facade / Left & Right	Tar Paper	2	No	No				d
Building Floors-1 to 2	Front & Kitchen	Co Base Mastic	2	No	No				

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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	10/27/2021
Metro Analytical Laboratories	12003	10/28/2021

11. NYS DOL Asbestos Handling license # 163107 Company Name LM Environmental & Safety Inc.

12. Comment

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