



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: 3088163**

2. Premise No. 834 Street Name Monroe St Borough Brooklyn Zip 11221

3. AKA _____ Type of Facility Residence BIN 3039655 Block 01481 Lot 0019

4. Building Owner Solidgold Realty LLC. Address 89 Harrison Ave. #3

5. City Brooklyn State NY Zip 11206 Contact Person Sol Klein

6. Tel. # (917) 609-3269 Fax # _____ Email _____

7. Description of the Entire Scope of Work
 Replace kitchen and bathroom fixtures on 1st floor, create new stair to cellar, erect selected new partitions on the first floor and cellar renovation.

8. I, PAOLA CANO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
08/13/2013 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. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).

☐ 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 80 linear ft.
 Specify locations (attach additional documents as necessary):
Exhaust duct insulation behind wall in kitchen - cellar and 1st floor.

☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Basement/cellar	Stair - entrance	Brick-mortar	1	No	No
Basement/cellar	Boiler room	Brick-mortar	1	No	No
Basement/cellar	Center column	Brick-mortar	1	No	No
Basement/cellar	Main room	Glue (under carpet)	1	No	No
Basement/cellar	Corridor/ outside bathroom	Glue (under the carpet)	1	No	No

I hereby declare the information provided herein is true and complete

PAOLA CANO 8/20/2013 122968 1/21/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (973) 592-5706 Fax # _____ Email paolacano21@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.

SEAL OF THE
 NYC DEP
 CERTIFIED
 ASBESTOS
 INVESTIGATOR





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1	Public Hallway	Gypsum Board	1	No	No
1	Apt 1 - Kitchen	Gypsum board	1	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical	12003	8/14/2013
Metro Analytical	12003	8/15/2013

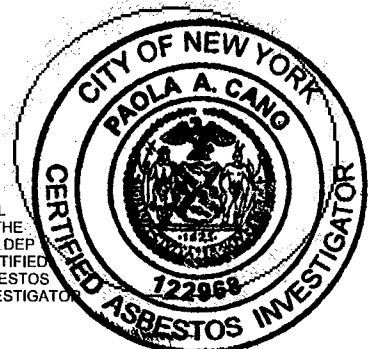
11. NYS DOL Asbestos Handling license # 28617 Company Name JLC Environmental Consultants, Inc.

I hereby declare the information provided herein is true and complete

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