



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11
ASBESTOS ASSESSMENT REPORT

1. NYC DOB Job # (if applicable) _____ **Control Number: 3052751**

2. Premise No. 121 Street Name Kent Avenue Borough Brooklyn Zip 11249

3. AKA _____ Type of Facility _____ BIN 3062028 Block 02325 Lot 0007

4. Building Owner Cafe Corporation Address 123 Kent Avenue

5. City Brooklyn State NY Zip 11211 Contact Person Anthony Fernicola

6. Tel. # (718) 302-1110 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Interior renovation of apartment #3L/3R.

8. I, JULIUS CARTY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/30/2012 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 _____ linear ft.
 Specify locations (attach additional documents as necessary): _____
- ☐ 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
3	apartment #3L - wall - entire	sheetrock	2	No	
3	apartment #3L/3R - ceiling - entire	sheetrock	2	No	
3	apartment #3L/3R - ceiling - entire	plaster	14	No	
3	apartment #3L/3R - wall - entire	plaster	14	No	

I hereby declare the information provided herein is true and complete

JULIUS CARTY 12/7/2012 114889 6/23/2013
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (908) 966-9048 Fax # _____ Email cjuliuscarty@aol.com

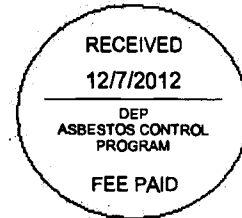
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a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



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11506	12/3/2012

11. NYS DOL Asbestos Handling license # 58863 Company Name Julius

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SEAL
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ASBESTOS
INVESTIGATOR



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