



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: 3100641**

2. Premise No. 317 Street Name 13th Street Borough Brooklyn Zip 11215

3. AKA _____ Type of Facility _____ BIN 3023227 Block 01029 Lot 0050

4. Building Owner Sarah Grayson Address 317 13th Street

5. City Brooklyn State NY Zip 11215 Contact Person Sarah Grayson

6. Tel. # (917) 449-7688 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Interior renovation and horizontal enlargement of existing three story, two family house. Removal of interior partitions and new kitchens and bathrooms.

8. I, JOSEPH MAFFUCCI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/04/2013 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: 1000 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Assumed roofing material - not to be disturbed.
- ☐ 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
Roof	Entire	Roofing materials	0	Yes	Yes
3rd Floor	Hallway wall	Sheetrock	2	No	No
3rd Floor	Hallway ceiling	Sheetrock	2	No	No
3rd Floor	Bathroom floor tile	Tile grout	2	No	No
2nd Floor	Bathroom wall	Sheetrock	2	No	No

I hereby declare the information provided herein is true and complete

JOSEPH MAFFUCCI 11/11/2013 117202 4/2/2014
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 331-4160 Fax # (718) 331-4204 Email onlymatch@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.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



25105850



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2nd Floor	Kitchen ceiling	Sheetrock	2	No	No
Garden Floor	Kitchen wall	Sheetrock	2	No	No
Garden Floor	Bathroom ceiling	Sheetrock	2	No	No
1st Floor	Exterior rear wall	Masonry material	3	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri Sci N.Y.	11480	11/7/2013

11. NYS DOL Asbestos Handling license # 38991 Company Name Certified Asbestos Removal Corp.

I hereby declare the information provided herein is true and complete

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