



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: 3089853**
 2. Premise No. 134 Street Name Bainbridge Street Borough Brooklyn Zip 11233
 3. AKA _____ Type of Facility Residence BIN 3047740 Block 01685 Lot 0035
 4. Building Owner Linda Perry Address 59 El Dorado Street
 5. City West Altantic Beach State NY Zip 11309 Contact Person Robert Eurich
 6. Tel. # (917) 502-9468 Fax # _____ Email _____

7. Description of the Entire Scope of Work
 Replace gas boiler with new Turbo Max gas boiler and related piping; connected to existing gas piping in boiler room.

8. I, HENRY TRAKTMAN, have conducted an asbestos investigation on
08/22/2013 Date(s) _____ in accordance
 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. 87 linear ft.
 Specify locations (attach additional documents as necessary):
 Boiler room: Suspect 52' fiberglass pipe covering & 6' foam covering. 29' acm outside of boiler room on pipe
☐ 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	boiler room, burner mounting 1'	gasket material	0	Yes	Yes
basement	wall	masonry interior wall, masonry cement on street side	0	Yes	Yes

10. ANALYTICAL LABORATORY:

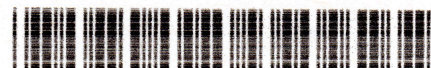
NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
------	--------------------------------	--------------------------

I hereby declare the information provided herein is true and complete

HENRY TRAKTMAN 8/30/2013 116261 12/11/2013
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
 Tel. # (718) 941-7600 Fax # (718) 941-7606 Email cte henry@optonline.net

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



2593120