



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: 3154393**
2. Premise No. 211 Street Name 41 STREET Borough Brooklyn Zip 11232
3. AKA _____ Type of Facility Commercial BIN 3010578 Block 00712 Lot 0068
4. Building Owner YULEE REALTY CORP. Address 211-41st STREET
5. City BROOKLYN State NY Zip 11232 Contact Person WILLIAM CHEUNG
6. Tel. # (718) 768-1118 Fax # _____ Email _____

7. Description of the Entire Scope of Work
INSTALL SPRINKLER SYSTEM THROUGHOUT THE BUILDING. TWO NEW WATER SERVICES FOR SPRINKLER AND DOMESTIC SERVICE. CELLAR AND SECOND FLOOR BEING ADDED TO BUILDING. ALL CONSTRUCTION AFFECTED BY SYSTEMS WILL BE NEW.

8. I, THOMAS DELORENZO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/08/2014 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
CELLAR, FIEST & SECOND	ENTIRE	CONCRETE	0	No	No

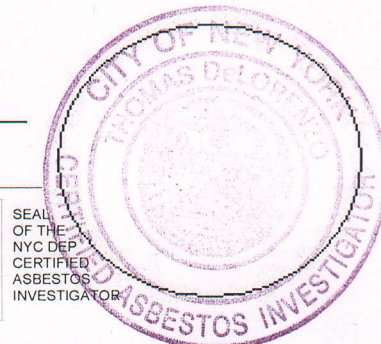
10. ANALYTICAL LABORATORY:

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

I hereby declare the information provided herein is true and complete

THOMAS DELORENZO 11/5/2014 118545 6/17/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (212) 925-2985 Fax # (212) 966-8796 Email tdelorenzo@nyc.rr.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.



25162919



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

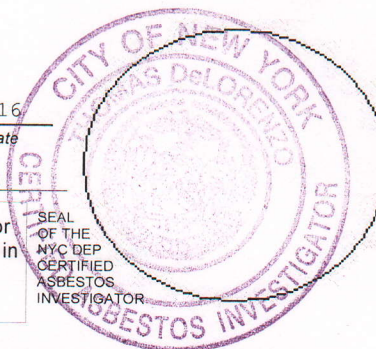


11. NYS DOL Asbestos Handling license # 58226 Company Name Sterling Engineering Services, PC

I hereby declare the information provided herein is true and complete

<u>THOMAS DELORENZO</u>	<u>11/5/2014</u>	<u>118545</u>	<u>6/17/2016</u>
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date
Tel. # <u>(212) 925-2985</u> Fax # <u>(212) 966-8796</u> Email <u>tdelorenzo@nyc.rr.com</u>			

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.



25162919