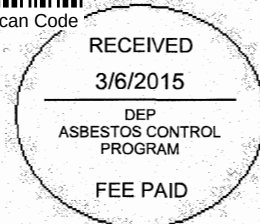




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3172084**

2. Premise No. 5314 Street Name 3rd Avenue Borough Brooklyn Zip 11220

3. AKA _____ Type of Facility Residence BIN _____ Block 813 Lot 45

4. Building Owner Guo Chun Chen Address 5314 3rd Avenue

5. City Brooklyn State NY Zip 11220 Contact Person Mr. Chen

6. Tel. # (917) 662-4768 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Interior renovation of cellar, 1st, 2nd & 3rd floor for an existing mixed used building. New partition, plumbing and structure work are involved as per plan. No change to use, egress or occupancy.

8. I, CHARLY AYOUB, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

02/25/2015 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	Front Room, Sheetrock Ceiling at 5 ft and 15 ft from stairs.	Miscellaneous Material	2	No	No
Cellar	Boiler Room, Sheetrock at 3 ft from entrance	Miscellaneous Material	1	No	No
First Floor (Store)	Main Room & Bathroom Sheetrock Walls & ceiling	Miscellaneous Material	3	No	No

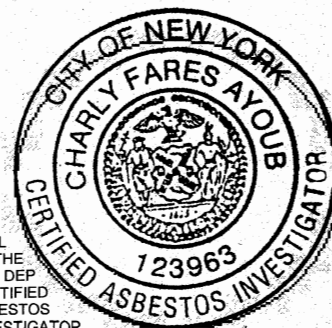
I hereby declare the information provided herein is true and complete

CHARLY AYOUB 3/6/2015 123963 5/25/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 346-3997 Fax # _____ Email charly.ayoub@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.

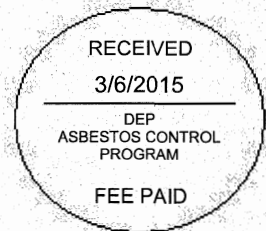
SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



25180502



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
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Second Floor	Kitchen, Bathroom & Living Room, Sheetrock Walls	Miscellaneous Material	3	No	No
Third Floor	Kitchen, Bathroom & front Room, sheetrock Walls	Miscellaneous Material	3	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AmeriSci New York	11480	2/27/2015

11. NYS DOL Asbestos Handling license # 63961 Company Name Charly Ayoub

I hereby declare the information provided herein is true and complete

CHARLY AYOUB 3/6/2015 123963 5/25/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 346-3997 Fax # _____ Email charly.ayoub@gmail.com

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