



DEPT OF BLDGS 340369363

Job Number



ES120140234

Scan Code

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT

RECEIVED

7/12/2016

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

1. NYC DOB Job # (if applicable) _____

Control Number: 3251714

2. Premise No. 803 Street Name PRESIDENT STREET Borough Brooklyn Zip 112153. AKA _____ Type of Facility Residence BIN 3020209 Block 00957 Lot 00494. Building Owner DAVID NIMMONS Address 803 PRESIDENT STREET5. City BOOKLYN State NY Zip 11215 Contact Person DAVID NIMMONS6. Tel. # (917) 496-2802 Fax # _____ Email _____

7. Description of the Entire Scope of Work

FILE INSTALLATION OF SOLAR ELECTRIC PANELS AT ROOF ONLY. PHOTOS TAKEN.8. I, GREGORY MURDISON, have conducted an asbestos investigation on*Name of Certified Asbestos Investigator*04/04/2016 11:00AM-12:00PM*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: 1557 sq. ft _____ linear ft.

Specify locations (attach additional documents as necessary):

EXT WALL CEMENTITIOUS 839 SQ FT EXT WALL BRICK/CEMENTITIOUS 159 SQ FT ROOF SHINGLE/MEMBRANE 559 SQ FT.☐ 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
B,1-3	EXT WALL	CEMENTITIOUS 840 SQ FT	0	Yes	Yes
3	EXT WALL	BRICK/CEMENTITIOUS 160 SQ FT	0	Yes	Yes
ROOF	ROOF	SHINGLE/MEMBRANE 560 SQ FT	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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I hereby declare the information provided herein is true and complete

GREGORY MURDISON7/12/20161393708/20/2017

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (516) 589-1756 Fax # _____Email Greg@AlliedAsbestos.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
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

25265009



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11. NYS DOL Asbestos Handling license # 61090 Company Name Allied Asbestos Services LLC

I hereby declare the information provided herein is true and complete

GREGORY MURDISON 7/12/2016 139370 8/20/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 589-1756 Fax # _____

Email Greg@AlliedAsbestos.com

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