



DEPT OF BLDGS 340382446

Job Number



ES086907390

Scan Code

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5/9/2016

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

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) _____
2. Premise No. 1625 Street Name Rockaway Parkway Borough Brooklyn Zip 11236
3. AKA _____ Type of Facility _____ BIN 3230968 Block 08224 Lot 0022
4. Building Owner Urban American Address 590 56th Street
5. City West New York State NJ Zip 07093 Contact Person Antoinette Travaglinio
6. Tel. # (646) 736-2368 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Filing for interior renovations per plans.

Control Number: 3241166

8. I, MICHAEL LACOMMARE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

05/05/2016 4:15PM-4:30PMDate(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 _____ 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
4th Floor	Apt. 4R	None, demo complete	0	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 28878 Company Name Parker House Services, Inc.

I hereby declare the information provided herein is true and complete

MICHAEL LACOMMARE5/9/20161187027/15/2016

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (914) 684-5999 Fax # _____Email mroypparker@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
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

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