



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPORT

DEP
ASBESTOS CONTROL
PROGRAM
FEE PAID

Control Number: 3250614

1. NYC DOB Job # (if applicable) _____
2. Premise No. 443 Street Name East 100th Street Borough Brooklyn Zip 11236
3. AKA _____ Type of Facility Commercial BIN 3228739 Block 08133 Lot 0011
4. Building Owner Victoria Fine Foods Address 443 East 100th Street
5. City Brooklyn State NY Zip 10029 Contact Person Mr. Winston Strachan
6. Tel. # (718) 649-7069 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Installation of Two Split Air Conditioners

8. I, NICHOLAS KOUNDOURAKIS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
06/29/2016 12:00PM-1:00PM 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
Roof	Entire	Roof Membrane (NOT TO BE DISTURBED)	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 69957 Company Name Amiantos, L.L.C.

I hereby declare the information provided herein is true and complete

NICHOLAS KOUNDOURAKIS 7/5/2016 128635 9/8/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (347) 893-8743 Fax # _____

Email nick@amiantosenvironmental.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.



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



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