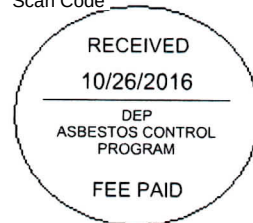




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3269436**

2. Premise No. 35 Street Name St. Marks Avenue Borough Brooklyn Zip 11217

3. AKA _____ Type of Facility _____ BIN 3018626 Block 00933 Lot 7503

4. Building Owner 35 St. Marks Condo Association Address 35 St. Marks Avenue, 4th Floor

5. City Brooklyn State NY Zip 11217 Contact Person Sarah Heller

6. Tel. # (718) 797-2771 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Construct roof bulkhead with stair to roof from common stair hall. Steel framing at roof to support bulkhead and roof framing. FDNY access over steel framing.

8. I, JEAN RENSINK, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
10/20/2016 8:45AM-9:30AM 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
4	Partial	Plaster (brown & skim coat)	6	No	
Roof	Partial	Roofing membrane	2	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri-sci	11480	10/21/2016

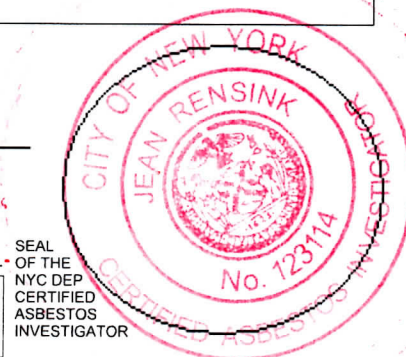
I hereby declare the information provided herein is true and complete

JEAN RENSINK 10/26/2016 123114 5/7/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (845) 782-4443 Fax # _____

Email jeanrensink@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.



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





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 # 28946 Company Name AA Services, LLC

I hereby declare the information provided herein is true and complete

JEAN RENSINK 10/26/2016 123114 5/7/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (845) 782-4443 Fax # _____

Email jeanrensink@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
INVESTIGATOR



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



25283374