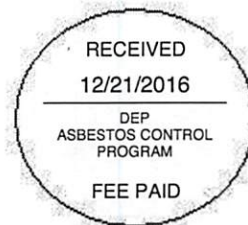




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 3278361**
2. Premise No. 1762 Street Name E 29 Str. Borough Brooklyn Zip 11229
3. AKA _____ Type of Facility Residence BIN 3183586 Block 06811 Lot 0030
4. Building Owner Michael Bakman Address 2627 E 28th Str.
5. City Brooklyn State NY Zip 11235 Contact Person Michael Bakman
6. Tel. # (718) 838-8515 Fax # _____ Email mikbakman@gmail.com

7. Description of the Entire Scope of Work
IN FRONT REPLACE ROOF WITH ROOF TERRACE ABOVE ONE-STORY PART OF HOUSE. IN REAR CONSTRUCT OPEN TERRACE AT THE SECOND FLOOR. CONSTRUCT EIFS EXTERIOR WALL COVER. NO CHANGE TO USE, EGRESS, OCCUPANCY.

8. I, SVETLANA SILBERMAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
12/13/2016 11:00AM-12:00PM 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
1	Brick wall.	Mortar.	2	No	No
1	Roof - Front Extension.	Roofing.	2	No	No
1	Interior wall.	Sheetrock.	2	No	No

I hereby declare the information provided herein is true and complete

SVETLANA SILBERMAN 12/21/2016 125141 10/25/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 887-4992 Fax # (718) 799-5314

Email lana.inspectionsservices@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.



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





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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL	11506	12/15/2016
EMSL	11506	12/16/2016

11. NYS DOL Asbestos Handling license # 42875 Company Name Inspection Services, LLC

I hereby declare the information provided herein is true and complete

Svetlana Silberman 12/21/2016 125141 10/25/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 887-4992 Fax # (718) 799-5314

Email lana.inspectionsservices@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.



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



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