



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: 3278295**

2. Premise No. 405 Street Name Throop Ave Borough Brooklyn Zip 11221

3. AKA _____ Type of Facility Residence BIN 3421786 Block 01801 Lot 0006

4. Building Owner THROOPS BRICKS LLC Address 405 Throop Ave

5. City Brooklyn State NY Zip 11221 Contact Person Joey Yaakovzadeh

6. Tel. # (718) 395-1800 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Renovation as per plans. No change in use, means of egress or occupancy in this application.

8. I, KENG LEE SO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/22/2016 12:00PM-12:30PM 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
Cellar, Basement, 1FL, 2FL	Partition	Plaster	5	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Cardno ATC	10879	12/20/2016

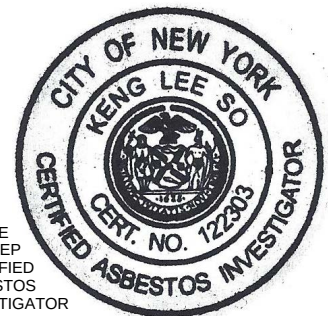
I hereby declare the information provided herein is true and complete

KENG LEE SO 12/20/2016 122303 10/2/2017
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (917) 968-5925 Fax # _____

Email ks_asbestosafe@yahoo.com

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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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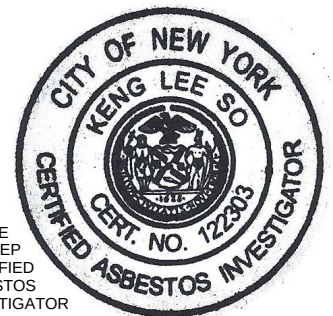
11. NYS DOL Asbestos Handling license # 59538 Company Name KS Asbestosafe, Inc.

I hereby declare the information provided herein is true and complete

KENG LEE SO 12/20/2016 122303 10/2/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (917) 968-5925 Fax # _____
Email ks_asbestosafe@yahoo.com

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