



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: 3285187**

2. Premise No. 531 Street Name knickerbocker ave Borough Brooklyn Zip 11221

3. AKA _____ Type of Facility Residence BIN 3076120 Block 03326 Lot 0006

4. Building Owner Billy Enterprises INC Address 36 cypress ave

5. City Brooklyn State NY Zip 11237 Contact Person Billy Enterprises INC

6. Tel. # (347) 894-6557 Fax # _____ Email _____

7. Description of the Entire Scope of Work
install pipe scaffold

8. I, LON RIGG, have conducted an asbestos investigation on
02/09/2017 10:45AM-11:00AM 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: 1500 sq. ft 100 linear ft.
Specify locations (attach additional documents as necessary):
façade -- mortar 1500 sf & caulking 100 lf

☐ 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
all	façade	mortar & caulking	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 # 56080 Company Name Avi Jay, Inc.

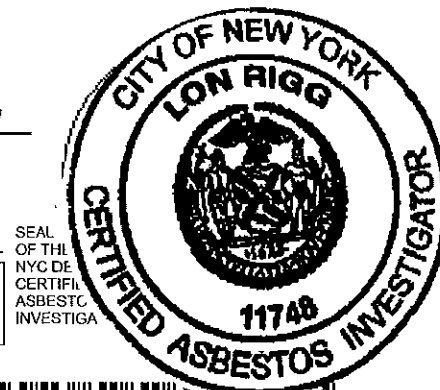
I hereby declare the information provided herein is true and complete

LON RIGG 2/9/2017 117148 11/28/2017
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 771-7689 Fax # (914) 663-5149

Email lrigg60@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



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