



**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: 3285357**  
2. Premise No. 287 Street Name Baltic Street Borough Brooklyn Zip 11201  
3. AKA \_\_\_\_\_ Type of Facility Residence BIN 3006342 Block 00396 Lot 0067  
4. Building Owner Ken Hudes Address 287 Baltic Street  
5. City Brooklyn State NY Zip 11201 Contact Person Otani Hiroko  
6. Tel. # (917) 519-9269 Fax # \_\_\_\_\_ Email hotani@atelierny.com  
7. Description of the Entire Scope of Work  
Interior Gut Renovation

8. I, MAREK KRUK, have conducted an asbestos investigation on  
*Name of Certified Asbestos Investigator*  
12/10/2016 9:00AM-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 |
|-----------------|---------------------------|--------------------------------------------------------------------------------|----------------------------|------------------|-------------|
| Cellar, 1, 2, 3 | Interior                  | plaster, sheetrock, tile grout, parquet floor glue, ceiling tiles, floor tiles | 18                         | No               | No          |

10. ANALYTICAL LABORATORY:

| NAME                    | ELAP # (NYS DOH CERTIFICATION) | DATE(S) SAMPLES ANALYZED |
|-------------------------|--------------------------------|--------------------------|
| Atlas Environmental Lab | 11999                          | 12/12/2016               |

I hereby declare the information provided herein is true and complete

MAREK KRUK 2/10/2017 126751 2/7/2019  
*DEP Certified Asbestos Investigator's Signature* *Date* *Certificate Number* *Expiration Date*  
Tel. # (718) 302-0366 Fax # (201) 223-1448  
Email krukmarek@hotmail.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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11. NYS DOL Asbestos Handling license # 60418 Company Name City Green Street, Inc.

I hereby declare the information provided herein is true and complete

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DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

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SEAL  
OF THE  
NYC DEP  
CERTIFIED  
ASBESTOS  
INVESTIGATOR



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



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