



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: 3315362**

2. Premise No. 479 Street Name Clinton Avenue Borough Brooklyn Zip 11238

3. AKA _____ Type of Facility Residence BIN 3321940 Block 01977 Lot 0006
479 Clinton Avenue Partners,

4. Building Owner LLC Address 320 Roebling Street, #819

5. City Brooklyn State NY Zip 11211 Contact Person Mr. Jason Greenberg

6. Tel. # (516) 680-4840 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Interior remodeling of apt. 1A on the 1st floor. Remove/install interior non-load partitions, electrical, plumbing work.

8. I, DEMETRIUS MANOUSELIS, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
06/09/2017 12:30PM-1:30PM 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: 90 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
One Bedroom has VAT that will remain to be covered.

☐ 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
1st	apt.1A-interior partitions	wall plaster	3	No	
1st	apt.1A- 1 bedroom	vinyl floor tiles- apprx.90SF shall remain	1	Yes	Yes
1st	apt.1A- 1 bathroom	Concealed plumbing risers may have apprx. 7LF ACM pipe insulation.	0	No	Yes

I hereby declare the information provided herein is true and complete

DEMETRIUS MANOUSELIS 6/14/2017 116425 1/1/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 641-5671 Fax # _____

Email demntt7@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
Lab Testing Services	10955	6/9/2017

11. NYS DOL Asbestos Handling license # 58315 Company Name Demetrius Manouselis

I hereby declare the information provided herein is true and complete

DEMETRIUS MANOUSELIS 6/14/2017 116425 1/1/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (646) 641-5671 Fax # _____

Email demntt7@gmail.com



SEAL
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ASBESTOS
INVESTIGATOR

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