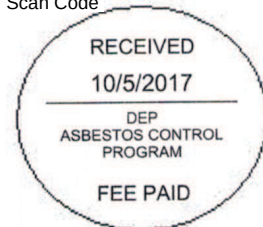




NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Control Number: 3344214

1. NYC DOB Job # (if applicable) _____

2. Premise No. 1266 Street Name 71 Street Borough Brooklyn Zip 11228

3. AKA _____ Type of Facility Residence BIN 3157614 Block 06177 Lot 0031

4. Building Owner LI, JIANG Address 1266 71 Street

5. City Brooklyn State NY Zip 11228 Contact Person LI, JIANG

6. Tel. # (347) 866-1888 Fax # _____ Email _____

7. Description of the Entire Scope of Work
Interior renovation in existing cellar, minor plumbing work and minor partition to address ECB violations 35255472K, 35255471Z, 35255469J, 35255470R.

8. I, GAVIN KWAN, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
09/30/2017 2:00PM-2:30PM 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: 1400 sq. ft _____ linear ft.
 Specify locations (attach additional documents as necessary):
Cellar Floor-Vinyl tiles (700SF)
Cellar Ceiling Drop ceiling (700SF)

☐ 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	Partition	Sheetrock	3	No	
Cellar	Floor	Vinyl tiles	0	Yes	Yes
Cellar	Ceiling	Drop ceiling	0	Yes	Yes

I hereby declare the information provided herein is true and complete

GAVIN KWAN 10/5/2017 142316 9/11/2018
 DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 361-9191 Fax # _____

Email gnkasbestos@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
Cardno ATC	10879	10/5/2017

11. NYS DOL Asbestos Handling license # 103977 Company Name Kinetic Design Consultant LLC

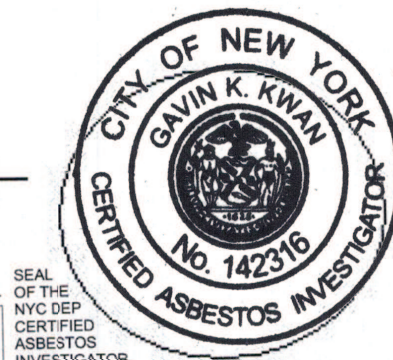
I hereby declare the information provided herein is true and complete

GAVIN KWAN 10/5/2017 142316 9/11/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 361-9191 Fax # _____

Email gnkasbestos@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



25361784