



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: 3350004**

2. Premise No. 3017 Street Name Brighton 5th Street Borough Brooklyn Zip 11235

3. AKA _____ Type of Facility Residence BIN 3244883 Block 08675 Lot 0065
3017 Brighton 5th Street

4. Building Owner Realty, LLC Address 22-05 43 Avenue

5. City Long Island City State NY Zip 11101 Contact Person Dimitiy Karlamenko

6. Tel. # (917) 548-8882 Fax # _____ Email _____

7. Description of the Entire Scope of Work

Interior renovation of 1st and basement hallways and boiler room.

8. I, ORVILLE TAYLOR, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

11/08/2017 10:15AM-10:45AM 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:

LOCATION	FLOOR NUMBER	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Basement		Boiler room and hallway	Sheetrock and wall and ceiling plaster.	5	No	No
Ground Floor		Hallway	Sheetrock and wall and ceiling plaster.	5	No	No

I hereby declare the information provided herein is true and complete

ORVILLE TAYLOR 11/12/2017 127635 5/11/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 564-9062 Fax # _____

Email taylor4r4@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 580/5-85-024 and 560/5-85-030a and 40 CFR 763.86, 40 CFR 763.80, 40 CFR 763.85.



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
Atlas Environmental Lab, Corp.	11999	11/10/2017

11. NYS DOL Asbestos Handling license # 28781 Company Name Executive Safety & Health Consultants, Inc

I hereby declare the information provided herein is true and complete

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