



DEPT OF BLDGS 340594912

Job Number



ES241229817

Scan Code

RECEIVED

7/14/2017

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

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: 3330612**
2. Premise No. 276 Street Name Lafayette Avenue Borough Brooklyn Zip 11238
3. AKA _____ Type of Facility _____ BIN 3055518 Block 01946 Lot 0025
4. Building Owner Karen Hughes Address 276 Lafayette Avenue
5. City Brooklyn State NY Zip 11238 Contact Person Karen Hughes
6. Tel. # (347) 489-2962 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Installation of new HVAC units on Roof, modify new window opening at rear yard.

8. I, MICHAEL LACOMMARE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
03/03/2017 10:00AM-12:15PM 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
Bas,1-3,Rof	Partial	SR,Plast,CW,CF,FTile	28	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri-Sci New York	11480	3/6/2017

11. NYS DOL Asbestos Handling license # 28878 Company Name Parker House Service, Inc.

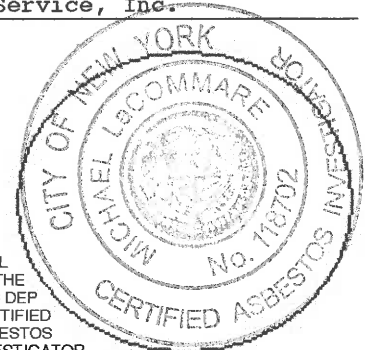
I hereby declare the information provided herein is true and complete

MICHAEL LACOMMARE 7/14/2017 118702 7/15/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (914) 684-5999 Fax # _____

Email mroyparker@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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

25347101