



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: 3389055**

2. Premise No. 376 Street Name Decatur Street Borough Brooklyn Zip 11233

3. AKA Attached house Type of Facility Residence BIN 3047559 Block 01682 Lot 0015

4. Building Owner Jeremy Wilson/Kim Chamberlain Address 376 Decatur Street

5. City Brooklyn State NY Zip 11233 Contact Person Avid Designs Architects

6. Tel. # (718) 227 Fax # _____ Email _____

7. Description of the Entire Scope of Work
File application to remove/remodel non structural partitions of kitchen and bathroom in existing 1st floor of house to create an open floor plan.

8. I, EDWARD LENZO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
03/12/2018 7:45AM-9:00AM 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
Building Floors	1 to 1	Walls and ceilings.	Drywall/coatings.	5	No	No
Building Floors	1 to 1	Floors, doors, windows and trim.	None. All newer custom finishes.	0	No	No
Building Floors	1 to 1	Exterior rear wall outside kitchen window.	Concrete mortar.	3	No	No

Edward Lenzo
I hereby declare the information provided herein is true and complete

EDWARD LENZO 3/22/2018 119354 9/1/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 916-7670 Fax # (718) 984-5495

Email elasbestos202@gmail.com



SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR

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, 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
Amerisci New York	11480	3/16/2018

11. NYS DOL Asbestos Handling license # 55043 Company Name E.L. Asbestos Inspections

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