



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: 3433639**

2. Premise No. 1944 Street Name East 1st Street Borough Brooklyn Zip 11223

3. AKA _____ Type of Facility _____ BIN 3191469 Block 07104 Lot 0082

4. Building Owner Robert Scarano Jr. Address 1944, EAST 1ST STREET

5. City BROOKLYN State NY Zip 11223 Contact Person Robert M. Scarano Jr.

6. Tel. # (718) 541-5565 Fax # _____ Email info@scaranoarchitect.com

7. Description of the Entire Scope of Work

PROPOSED FILING OF INTERIOR AND EXTERIOR RENOVATION TO INCLUDE MINOR PLUMBING AND MECHANICAL WORK AS WELL AS PARTIAL ENLARGEMENT. NO CHANGE TO USE, OCCUPANCY OR EGRESS IS PROPOSED UNDER THIS APPLICATION.

8. I, ROBERT SCARANO JR, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

06/06/2018 10:30AM-11:00AM

Date(s)

in accordance

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	2	Partial	None	0	No	No
Attic		Partial	None	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 63386 Company Name Robert M Scarano Jr

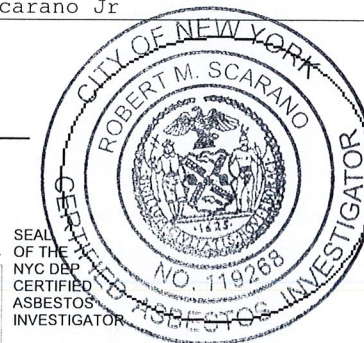
I hereby declare the information provided herein is true and complete

ROBERT SCARANO JR 6/19/2018 119268 9/23/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 222-0322 Fax # (718) 222-4486

Email scarano2@earthlink.net

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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