



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: 3478668**

2. Premise No. 358 Street Name BRADFORD STREET Borough Brooklyn Zip 11207

3. AKA _____ Type of Facility Residence BIN 3084186 Block 03758 Lot 0040

4. Building Owner JEM EQUITIES LLC Address 715 5 AVENUE

5. City BROOKLYN State NY Zip 11215 Contact Person JIMMY HASSAN

6. Tel. # (718) 768-4500 Fax # _____ Email _____

7. Description of the Entire Scope of Work

INTERIOR RENOVATIONS OF CELLAR, FIRST AND SECOND FLOORS

8. I, MARTIN AMBROSE, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

08/30/2018 9:00AM-10:00AM

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	1 to 2	WALLS & CEILING	PLASTER	12	No	
Cellar		FLOOR	CONCRETE	3	No	
Cellar		WALLS	PLASTER	6	No	
Cellar		WALLS	BRICK	2	No	
Cellar		WALLS	MORTAR	3	No	
Building Floors	1 to 2	WALLS	BRICKS	4	No	

I hereby declare the information provided herein is true and complete

Martin Ambrose
MARTIN AMBROSE

9/18/2018

116635

12/3/2019

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (718) 342-7686 Fax # (718) 342-7685

Email velmartin@juno.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, 40 CFR 763.80, 40 CFR 763.85.



Is it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No



25500016



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Building Floors	1 to 2	WALLS	MORTAR	6	No	
Building Floors	1 to 2	WINDOWS	CAULKING	2	No	

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL ANALYTICAL INC	11506	9/18/2018

11. NYS DOL Asbestos Handling license # 29947 Company Name Velmartin Associates Inc.

I hereby declare the information provided herein is true and complete

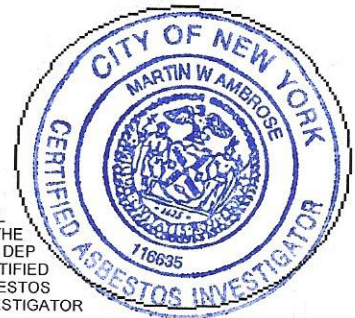
MARTIN AMBROSE 9/18/2018 116635 12/3/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 342-7686 Fax # (718) 342-7685

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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