



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: 3568471**
 2. Premise No. 80 Street Name St James Place Borough Brooklyn Zip 11238
 3. AKA _____ Type of Facility Residence BIN 3341944 Block 01946 Lot 0004
 4. Building Owner Akelius Real Estate Management Address 110 William St, Suite 1810
 5. City New York State NY Zip 10038 Contact Person Enzo Pitagora
 6. Tel. # (917) 972-0435 Fax # _____ Email _____
 7. Work Type General Construction

Description of the Entire Scope of Work

Interior renovation of apt. 2B on 2nd floor

8. I, ALAN BJORNEBY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
04/03/2019 3:15PM-4:30PM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
☐ 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.
☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

Floor	Section of Floor(s) Surveyed	Material Assumed to Contain ACM and/or Sampled	Number of Samples Analyzed	Asbestos Present	Assumed ACM	Square Feet	Linear Feet	Abated	Scope of Work Applied
Building Floors-2	kitchen, living room, bed room	joint compound	6	No	No				

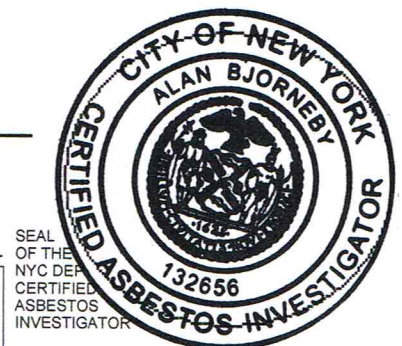
I hereby declare the information provided herein is true and complete

ALAN BJORNEBY 4/5/2019 132656 5/5/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (631) 742-3339 Fax # _____

Email alanb@eabarchitecture.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.



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





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Building Floors-2	kitchen	12x12 VCT with glue	2	No	No				
Building Floors-2	bath rooms	tile mortar	2	No	No				
Building Floors-2	bath room #1	tile mortar	2	No	No				
Building Floors-2	bath room #2	tile mortar	2	No	No				

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical Inc.	11469	4/4/2019

11. NYS DOL Asbestos Handling license # 55914 Company Name EAB Architectural Designs, PLLC

12. Comment

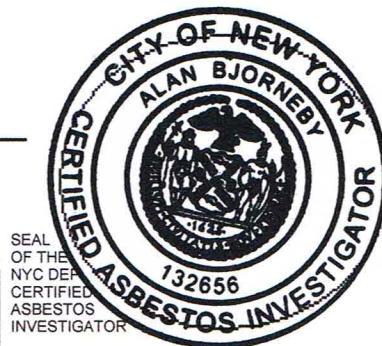
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