



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: 3623322**
2. Premise No. 1833 Street Name E 12th Street Borough Brooklyn Zip 11229
3. AKA _____ Type of Facility Other BIN 3183927 Block 06818 Lot 0082
4. Building Owner 1833 Associates LLC Address 1833 E 12th Street, PO BOX 190-407
5. City New York State NY Zip 11219 Contact Person Moric Bistricher
6. Tel. # (718) 438-2804 Fax # _____ Email _____
7. Work Type Other (Facade)

Description of the Entire Scope of Work

Facade Repair

8. I, RUSSELL GOSS, have conducted an asbestos investigation on _____ in accordance
Name of Certified Asbestos Investigator
09/16/2019 10:00AM-11:00AM
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
Facade-1 to 6	Repair Area	Brick	2	No	No				
Facade-1 to 6	Repair Area	Mortar	2	No	No				

I hereby declare the information provided herein is true and complete

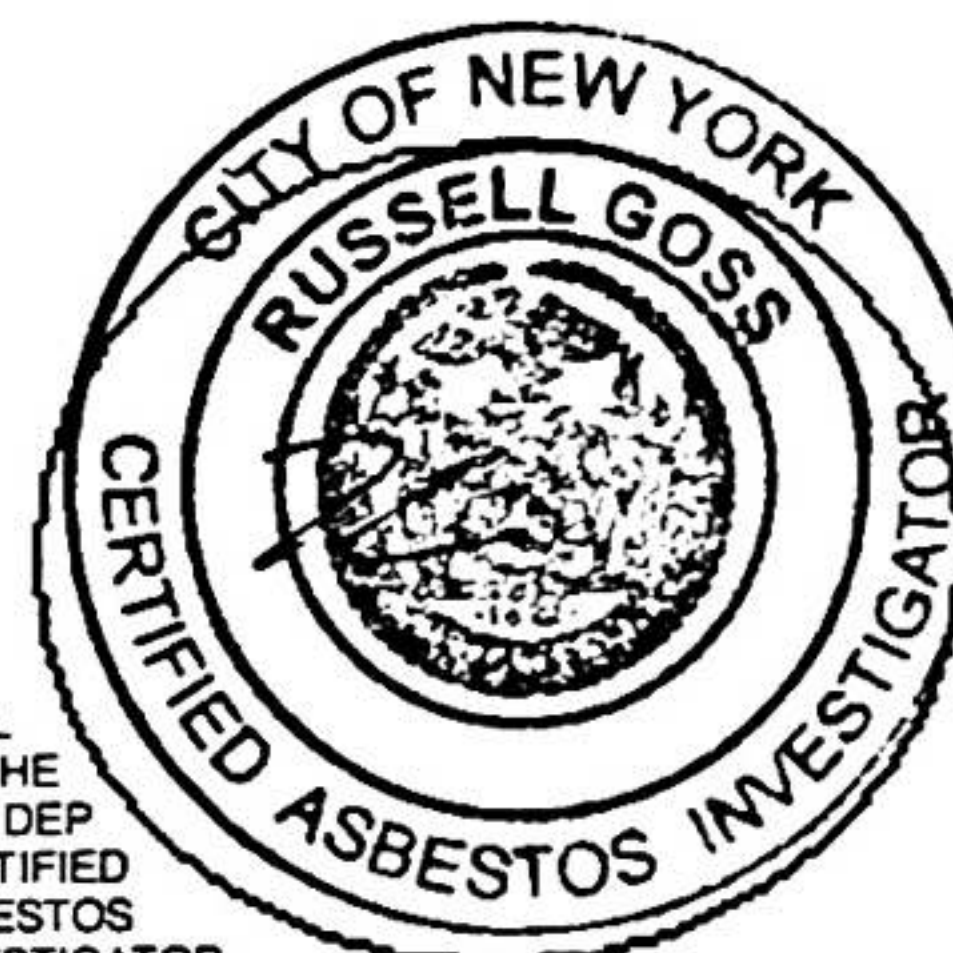
RUSSELL GOSS 9/18/2019 122431 9/22/2019
DEP Certified Asbestos Investigator's Signature *Date* *Certificate Number* *Expiration Date*

Tel. # (973) 393-3932 Fax # _____

Email russell@maypoleinspections.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
INVESTIGATOR



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



25638446



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Facade-1 to 6	Repair Area	Caulk	2	No	No				
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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	9/17/2019

11. NYS DOL Asbestos Handling license # 91253 Company Name Maypole Environmental Inspections, LLC

12. Comment

I hereby declare the information provided herein is true and complete

RUSSELL GOSS 76 9/18/2019 122431 9/22/2019
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (973) 393-3932 Fax # _____

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