



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: 3690456**
2. Premise No. 4 Street Name Wyckoff Ave. Borough Brooklyn Zip 11237
3. AKA _____ Type of Facility Commercial BIN 3072395 Block 03176 Lot 0034
4. Building Owner NEW WORLD GROUP Address 2 WYCKOFF AVENUE
5. City BROOKLYN State NY Zip 11237 Contact Person ILAN
6. Tel. # (917) 304-0961 Fax # _____ Email ilan@houseofyes.org
7. Work Type PL Plumbing, General Construction

Description of the Entire Scope of Work

INTERIOR RENOVATION OF SPACE; RE ARRANGEMENT OF TOILET FACILITIES, RELOCATION OF STAIRS TO THE MEZZANINE, PLUMBING FIXTURES FILED UNDER SEPARATED APPLICATION. REMOVAL OF EXTERIOR CANOPY & STRUCTURE TO ADDRESS VIOLATION. THERE IS NO CHANGE IN USE OR BULK.

8. I, REZA KHAMCY, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
04/08/2020 12:45PM-1:45AM 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. 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-1	Wall & Ceiling	Sheetrock	2	No					

I hereby declare the information provided herein is true and complete

REZA KHAMCY 4/10/2020 114293 5/23/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (516) 860-4219 Fax # (516) 487-5077
Email rkhamcy@gmail.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





NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



Mezzanine	Wall	Sheetrock	1	No					
Building Floors-1	Floor	Ceramic Tile	2	No					

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
KAM Consultants	11273	4/10/2020

11. NYS DOL Asbestos Handling license # 61173 Company Name ICON Engineering, P.C.

12. Comment

I hereby declare the information provided herein is true and complete

REZA KHAMCY 4/10/2020 114293 5/23/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (516) 860-4219 Fax # (516) 487-5077
Email rkhamcy@gmail.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



4/10/2020 6:03:06 PM

Page 2 of 2 ACP5 10/2018