



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: 3781216**

2. Premise No. 245 Street Name Bond Street Borough Brooklyn Zip 11217

3. AKA _____ Type of Facility Residence BIN 3006591 Block 00411 Lot 0001

4. Building Owner John Heyer- The Estate of Pascale Bruno Address 95 Summit Street

5. City Brooklyn State NY Zip 11231 Contact Person John

6. Tel. # (917) 402-9086 Fax # _____ Email _____

7. Work Type General Construction

Description of the Entire Scope of Work

Repair Existing Damaged Exterior Wall Parapet & Facade. No Change in Use, Egress or Occupancy Under This Application.

8. I, TERRENCE MILLER, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

10/20/2020 11:30AM-12:00PM 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: 1455 sq. ft 0 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
Roof	Flat Roof	Tar Membrane	0	Yes	Yes	1200		No	c
Roof	Parapet Walls	Tar Membrane	0	Yes	Yes	225		No	c

I have advised the Owner / owner's representative / client that the minor project amounts of the confirmed or presumed ACMs shall need to be abated by a NYS DOL Licensed Asbestos Abatement Contractor, and disposed of as asbestos-containing wastes, prior to conducting this renovation project.

I hereby declare the information provided herein is true and complete

TERRENCE MILLER 10/29/2020 143014 7/31/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 763-0450 Fax # _____

Email tmiller@alliedasbestosinspectors.com

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR



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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Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS ASSESSMENT REPORT

RECEIVED

10/29/2020

DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

Roof	Chimney #1 Encapsulation	Tar Membrane	2	Yes		12		No	c
Roof	Chimney #1 Encapsulation	Tar Membrane	2	Yes		3		No	b
Roof	Chimney #2 Encapsulation	Tar Membrane	1	Yes		12		No	c
Roof	Chimney #2 Encapsulation	Tar Membrane	1	Yes		3		No	b
Facade-1 to 3	Front Elevation (Facing Douglass Street)	Mortar	3	No					

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Ameri Sci	11480	10/22/2020

11. NYS DOL Asbestos Handling license # 35362 Company Name Allied Asbestos Inspectors, Inc.

12. Comment

Photos Taken at Time of Survey.

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Terrence Miller 10/29/2020 143014 7/31/2022
TERRENCE MILLER
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 763-0450 Fax # _____Email tmiller@alliedasbestosinspectors.com

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