



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: 3796224**
2. Premise No. 266 Street Name Suydam Street Borough Brooklyn Zip 11237
3. AKA 291 Knickerbocker Ave. Type of Facility Other BIN 3073206 Block 03220 Lot 0008
4. Building Owner NAV 291 LLC Address 57-77 80th Street
5. City Middle Village State NY Zip 11379 Contact Person Filippo Navarra (Agent)
6. Tel. # (917) 709-9502 Fax # _____ Email philipnavarra@gmail.com
7. Work Type General Construction

Description of the Entire Scope of Work

Minor repair to existing facade: Brick pointing and brick replacement as required.

8. I, JACQUELINE JIMENEZ, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
11/21/2020 1:00PM-2:00PM 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: 4 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
Facade-1 to 4	Front End at Northwest/Southwest. Facade Exterior Walls.	Bricks (Yellow), Approx. 2,500 Sf.	5	No	No				

I hereby declare the information provided herein is true and complete

Jacqueline Jimenez 12/11/2020 143521 7/31/2022
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 924-9421 Fax # _____

Email jacqueline.jimenez@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



Facade-1 to 4	Front End at Northwest/Southwest. Façade Exterior Walls: Cement Between Bricks.	Mortar, Approx. 780 Sf.	3	No	No				
Facade-2 to 4	Rear End at Northeast. Façade Exterior Wall.	Bricks (Red), Approx. 600 Sf.	3	No	No				
Facade-2 to 4	Rear End at Northeast. Façade Exterior Wall: Cement Between Brick.	Mortar, Approx. 200 Sf.	3	No	No				
Facade-2 to 4	Rear End at Northeast. Façade Exterior Walls Surfacing Material.	Stucco (Yellow), Approx. 600 Sf.	3	No	No				
Roof	Rear End at Northeast. One Story Roof Exterior Chimney Wall Sealant.	Flashing	0	Yes	Yes	4		No	c

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Metro Analytical Laboratories	12003	11/22/2020

11. NYS DOL Asbestos Handling license # 113203 Company Name Citiwide Asbestos Surveys, Inc.

12. Comment

Note: This acp5 is issued strictly as per job description above if there is any change, amending plans, adding or extending work area, any insulated pipe or unreachable material behind walls or any ACM suspect, contact person or owner must call immediately the investigator Jacqueline Jimenez for re-inspection.

I hereby declare the information provided herein is true and complete

Jacqueline Jimenez
JACQUELINE JIMENEZ

12/11/2020

143521

7/31/2022

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (718) 924-9421 Fax #

Email jacqueline.jimenez@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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



25824250