



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: 3797400**
2. Premise No. 356 Street Name 1ST STREET Borough Brooklyn Zip 11215
3. AKA _____ Type of Facility Residence BIN 3020817 Block 00970 Lot 0032
4. Building Owner ANTHONY TERMINE Address 356 1ST STREET
5. City BROOKLYN State NY Zip 11215 Contact Person ANTHONY TERMINE
6. Tel. # (917) 626-2479 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

INSTALLATION OF METAL ROOF DECK AS PER PLANS.

8. I, GREGORY MURDISON, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator
- 12/22/2020 9:00AM-9:30AM 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: 638 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	ROOFTOP SURFACE AREA MEMBRANE	FLASHING	0	Yes	Yes	594		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

GREGORY MURDISON 12/22/2020 139370 8/20/2021
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (516) 589-1756 Fax # _____

Email Greg@AlliedAsbestos.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



25826855

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Roof	ROOFTOP SURFACE AREA MEMBRANE	FLASHING	0	Yes	Yes	2		No	b
Roof	PARAPET WALL	BRICK AND MORTOR	0	Yes	Yes	40		No	c
Roof	PARAPET WALL	BRICK AND MORTOR	0	Yes	Yes	2		No	b

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 61090 Company Name Allied Asbestos Services LLC

12. Comment

photos taken at time of survey. rooftop existing.

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GREGORY MURDISON12/22/20201393708/20/2021

DEP Certified Asbestos Investigator's Signature

Date

Certificate Number

Expiration Date

Tel. # (516) 589-1756 Fax # _____Email Greg@AlliedAsbestos.com

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SEAL
OF THE
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ASBESTOS
INVESTIGATORIs it a Build-It-Back project? ☐ Yes, App ID # _____ ☒ No

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