



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS ASSESSMENT REPOI



1. NYC Buildings Dept. Application # _____
2. Premise No. 84-29 Street Name 153RD AVENUE Borough Queens Zip 11414
3. AKA _____ Type of Facility _____ BIN 4446865 Block 11431 Lot 7501
4. Building Owner GENERAL APARTMENT CONDO CORP Address 80 LIVINGSTON STREET
5. City BROOKLYN State NY Zip 11201 Contact Person TONY BUTTAH
6. Tel. # (347) 219-6485 Fax # _____ Email _____

7. Description of the Entire Scope of Work

REPLACE METAL WINDOW LINTELS AND POINTING

8. I, SHAUL SINGER, have conducted an asbestos investigation on 8/11/2010 in accordance
Name of Certified Asbestos Investigator Date

with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☒ a. premise (or portions thereof) affected by the work is free of asbestos containing material (ACM).
- ☐ 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.
Specify locations (attach additional documents as necessary): _____

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIPTION SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
1-7	WINDOWS	NONE;METAL;BRICK	0	No	No

10. Analytical Laboratory N/A11. ELAP # N/A Date(s) Samples Analyzed N/A
NYS DOH CERTIFICATION

I hereby declare the information provided herein is true and complete

DEP Certified Asbestos Investigator's Signature

8/17/2010

Date

112711

Certificate Number

11/19/2010

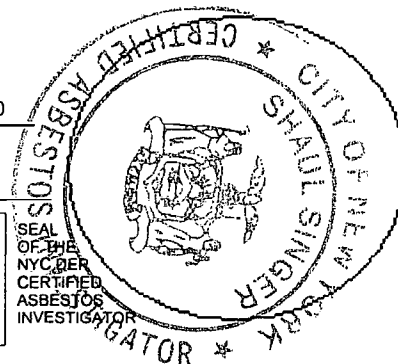
Expiration Date

Tel. # (718) 909-7945

Fax # _____

Email esingenv@aol.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.



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