



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 4147981**
2. Premise No. 53-55 Street Name 65 pl Borough Queens Zip 11378
3. AKA _____ Type of Facility Residence BIN 4054954 Block 02381 Lot 0011
4. Building Owner V Brlmonite Irrev Trust Address 53-55 65 PL
5. City Queens State NY Zip 11378 Contact Person G p
6. Tel. # (718) 746-1700 Fax # _____ Email _____
7. Description of the Entire Scope of Work
Restore cellar to original condition as per plan

8. I, ALAN FRIEDMAN, have conducted an asbestos investigation on
09/24/2014 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. portion(s) of the premises 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 30 linear ft.
Specify locations (attach additional documents as necessary):
cellar boiler area and inside of walls and chases
☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
cellar	entire	masonry walls, sheet rock, floor slab, pipe lagging	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 54646 Company Name Friedman Associates II LLC

I hereby declare the information provided herein is true and complete

ALAN FRIEDMAN 9/25/2014 113136 2/12/2015
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
alan@friedmanassociatesii.
Tel. # (914) 693-3865 Fax # (914) 693-3217 Email 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

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