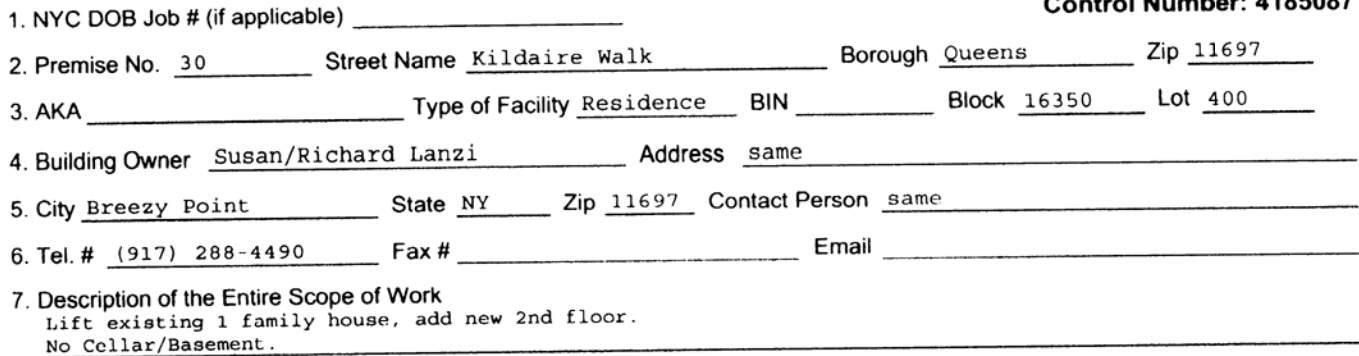
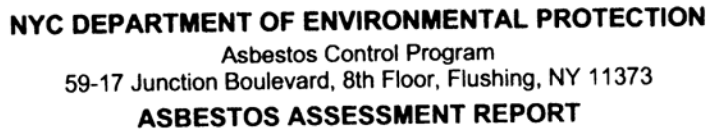




Scan Code



8. I, DEMETRIUS MANOUSELIS, have conducted an asbestos investigation on _____
Name of Certified Asbestos Investigator

05/18/2015 _____ 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 _____ linear ft.
Specify locations (attach additional documents as necessary): _____

☐ d. entire building is free of asbestos containing material (ACM).

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
roof	entire	roof shingles	3	No	
1st, mezzan loft	entire	no visible ACM	0	No	
1st	exterior to remain as existing-all sides	no visible ACM	0	No	

DEMETRIUS MANOUSELIS	5/22/2015	116425	1/1/2016
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (646) 641-5671 Fax # _____ Email dengw@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.



25195133



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Lab Testing Services	10955	5/20/2015

11. NYS DOL Asbestos Handling license # 58315 Company Name Demetrius Manouselis

I hereby declare the information provided herein is true and complete

DEMETRIUS MANOUSELIS 5/22/2015 116425 1/1/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date
Tel. # (646) 641-5671 Fax # Email demgw@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.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



25195133